

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

23292

File No. **2998**
Registered No. **2998**
St. _____ Ward _____

1. PLACE OF DEATH

County Jackson Registration District No. 8.95
Township Curr Primary Registration District No. 8.001
City Kansas City Mo. (No. St. Mary Hospital)

2. FULL NAME

Benjamin Franklin Gifford Jr.
(a) Residence, No. 1115 N. Olive St. St. _____ Ward _____
(Usual place of abode) Olathe Kansas (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. 4 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>10-24-1915</u>		
7. AGE YEARS <u>17</u>	MONTHS <u>8</u>	DAYS <u>28</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Student</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Johnson County Olathe Kansas</u>		
13. NAME <u>Benjamin Gifford</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Johnson County Kansas</u>		
15. MAIDEN NAME <u>Aura Latitia Lee</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bondolph Kentucky</u>		
17. INFORMANT (ADDRESS) <u>Benj. Gifford, Olathe Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Olathe Ks.</u> DATE <u>July 24, 1933</u>		
19. UNDERTAKER (ADDRESS) <u>HE Julien Olathe Ks.</u>		
20. FILED <u>July 23, 1933 M. M. Groves</u> <u>Dist Registrar.</u>		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July - 22, 1933

I HEREBY CERTIFY That I attended deceased from July - 18, 1933, to July 22, 1933

I last saw him alive on July - 22, 1933. Death is said to have occurred on the date stated above, at 8:55 P.M.

The principal cause of death and related causes of importance were as follows:

Peritonitis Date of onset 7-18-33
rupture
12:15
1:29
3:00
Other contributory causes of importance: appendicitis 7-17-33

Name of operation appendectomy Date of 7-18-33
What test confirmed diagnosis? micro Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) C. W. Jones M. D.
(Address) Olathe, Kansas

