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

Do not use this space.

26299

1. PLACE OF DEATH

48 County Jackson — Registration District No. 396 — File No. 1

Township Fort Osage — Primary Registration District No. 3552 — Registered No. 22

City Sibley (No. ..., ... St. ..... Ward)

2. FULL NAME James William Benson

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male

4. COLOR OR RACE white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF none (infant)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 4, 1932

7. AGE — YEARS 1 — MONTHS 3 — DAYS 19 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

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) Sibley Missouri

FATHER

13. NAME Rutherford Manning Benson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sibley Missouri

MOTHER

15. MAIDEN NAME Susie Bledsoe

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Atherton Missouri

17. INFORMANT (ADDRESS) R. M. Benson Sibley

18. BURIAL, CREMATION, OR REMOVAL

PLACE Sibley DATE Aug. 24 1933

19. UNDERTAKER (ADDRESS) Vernon M. Reppert Buckner

20. FILED 9-10 1933 N. D. Ravenscroft Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 23 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 17, 1933, to Aug. 23, 1933

I last saw him alive on Aug. 22, 1933. Death is said to have occurred on the date stated above, at 9 A m.

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

Entero Colitis — Date of onset About Aug. 16-33

119B 119P

Other contributory causes of importance:

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Was there an autopsy?

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) N. D. Ravenscroft, M. D.

(Address) Buckner Mo.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 26 1933