

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Howard
 Township Richmond
 City (No.)

Registration District No. 378
 Primary Registration District No. 5576

File No. 8738
 Registered No. 17 Ward

2. FULL NAME Lester Lee Benson

(a) Residence, No. St. Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF #
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10/5/1933
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
4 # #

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 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) Missouri13. NAME Lester Lee Benson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri15. MAIDEN NAME Anna Lee Petty16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri17. INFORMANT Lester Lee Benson
(ADDRESS) Fayette, MO.18. BURIAL, CREMATION, OR REMOVAL
PLACE Howard Co. DATE 2/ 5/34 1919. UNDERTAKER Guy T. Halliday
(ADDRESS) Fayette, MO.20. FILED 76 1934 2/2/34
 Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar-4 193422. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 .I last saw h. alive on , 19 . Death is saidto have occurred on the date stated above, at m.

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

Bronchial Pneumonia Date of onset 2-1-34 Other contributory causes of importance: Name of operation Date of What test confirmed diagnosis? History 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) J. C. Richards, M. D.(Address) Fayette, MO.

