

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

Do not use this space.

**1. PLACE OF DEATH**

County Worth  
Township Smith  
City Alleensale Mo (No. \_\_\_\_\_)

Registration District No. 903  
Primary Registration District No. 023-94

File No. 11750  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. (If nonresident, give city or town and State)  
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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lennie Snodgrass Benton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7 10 19

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 70 10 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic

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 70

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wathena Kansas

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs Lennie Benton (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Alleensale DATE 3-26-34

19. UNDERTAKER Andrew (ADDRESS) Grant City

20. FILED June 9, 1934 Ed Mull M.D. Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 22, 1934, to March 25, 1934

I last saw him alive on March 24, 1934. Death is said to have occurred on the date stated above, at 2 a.m.

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

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:

Exposure

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical 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) J. K. Phipps, M. D.  
(Address) Grant City, Mo.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S state in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 27 1934

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ment of OCCUPATION is very im...  
BATH in... information of...  
... cases...

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state if state of DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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

ALL INFORMATION CALLED  
 FOR MUST BE WRITTEN ON  
 THIS SUPPLEMENTARY.

11750-43

1. PLACE OF DEATH  
 County Warth Registration District No. 903  
 Township..... Primary Registration District No. 4544  
 City..... (No.....) St..... Ward.....  
 2. FULL NAME George Benton  
 (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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>M</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Cannot get</u>				
7. AGE YEARS <u>70</u>	MONTHS <u>10</u>	DAYS <u>19</u>	If LESS than 1 day, ..... hrs. or ..... min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Medicine</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>Wathens, Missouri</u>				
FATHER	13. NAME <u>Unknown</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>			
MOTHER	15. MAIDEN NAME <u>Unknown</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>			
17. INFORMANT <u>Mr. Lizzie Benton</u>				
18. BURIAL, CREMATION, OR REMOVAL				
PLACE <u>Allendale</u> DATE <u>3-26-1934</u>				
19. UNDERTAKER <u>Andrews</u>				
20. FILED <u>June 9, 1934 Fred Mull MD Registrar</u>				

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>March 25, 1934</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>March 22, 1934</u> to <u>March 25, 1934</u> I last saw him alive on <u>March 24, 1934</u> Death is said to have occurred on the <u>25th</u> day of <u>March</u> , 19 <u>34</u> at <u>.....</u> m. The principal cause of death, and related causes of importance were as follows: <u>Cerebral Hemorrhage</u> <u>Et. pressure</u> Date of onset
Other contributory causes of importance: <u>Et. pressure</u>
Name of operation..... Date of..... What test confirmed diagnosis? <u>Clinical</u> Was there an autopsy? <u>No</u>
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) <u>J. B. Shupps</u> M. D. (Address) <u>Grant City, Mo.</u>

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