

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

Do not use this space.

16251

1. PLACE OF DEATH

County dent
Township Spring Creek
City Spring Creek (No.)

Registration District No. 266
Primary Registration District No. 8370

File No.
Registered No. 37
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. 2 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>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Benjamin</u> <u>Married</u>			
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>May 14 - 1876</u>			
7. AGE <u>58</u>	YEARS <u> </u>	MONTHS <u> </u>	DAYS <u>2</u>
If LESS than 1 day, <u> </u> hrs. or <u> </u> min.			
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Factory Employee</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Ely & Walker</u> (c) Name of employer <u>Ely & Walker</u>			

9. BIRTHPLACE (CITY OR TOWN) Montford
(STATE OR COUNTRY) Wisconsin

PARENTS	10. NAME OF FATHER <u>W.E. Pope</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>
	12. MAIDEN NAME OF MOTHER <u>Dont Know</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Dont Know</u>

14. INFORMANT John Benjamin
(Address) Salem Mo.

15. FILED 5/18/34 H. C. Ridd, Jr.
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 17, 1934

17. I HEREBY CERTIFY, That I attended deceased from May 16 to May 16, 1934
that I last saw him alive on May 16, 1934 and that death occurred, on the date stated above, 4:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Diabetes Mellitus
59
1535

CONTRIBUTORY (SECONDARY) Perforating Ulcer of Stomach
(duration) 2 yrs. mos. ds.
(duration) yrs. 1 mos. 15 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical Signs
(Signed) J. G. Dickey, M. D.

, 19 (Address) Salem Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Cedar Grove Cem DATE OF BURIAL 5/18 1934

20. UNDERTAKER N. J. Hobson ADDRESS Salem 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.
JUN 21 1934

