16-120

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

Do not use this space.

16744

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 1002
City Kansas City Mo (No. 1508 1/2 Wyandotte St. ..... Ward)

File No. [illegible]
Registered No. [illegible]

2. FULL NAME James Garfield Benson
(a) Residence, No. 1508 1/2 Wyandotte St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)
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.

JUN 19 1934

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.

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 Fannie May Benson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-14-1880 = 1880

7. AGE: ~~45~~ YEARS 54 53 — MONTHS 9 — DAYS 25 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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) East St Louis Ills

FATHER
13. NAME James P. Benson.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not Know

MOTHER
15. MAIDEN NAME Martha Lane.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not Know

17. INFORMANT (ADDRESS) Mrs J. G. Benson 1508 1/2 Wyandotte

18. BURIAL, CREMATION, OR REMOVAL
PLACE Maple Hill DATE 5/12 1934

19. UNDERTAKER (ADDRESS) O. V. MAST FUNERAL HOME, Inc. 3146 Main St

20. FILED 5/12 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-9- 1934

22. I HEREBY CERTIFY, THAT I attended deceased from ..... to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 12 15 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute hepatitis	
Chronic myocarditis	
95 C	

Other contributory causes of importance:
125 B
No 95 C

Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy 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) [illegible], M. D.
(Address) [illegible]