

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

Do not use this space.

**1. PLACE OF DEATH**

County Clinton  
Township Lathrop  
City Lathrop (No. \_\_\_\_\_)

Registration District No. 206  
Primary Registration District No. 4/24

File No. 28712  
Registered No. 22  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

James B. Benaman

(a) Residence, No. \_\_\_\_\_ 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.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W.H. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Benaman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 18-1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
80 7 13

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

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) PENN.

13. NAME Stephen Benaman

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

15. MAIDEN NAME Sarah Kyle

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

17. INFORMANT (ADDRESS) Mrs. Anna Benaman - Lathrop Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lathrop DATE Aug-3-1934

19. UNDERTAKER (ADDRESS) Dr. Max Crunt - Lathrop Mo.

20. FILED Aug 3 1934 E. B. Dunderon Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 1 - 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1932, to Aug 1 1934.  
I last saw him alive on Aug 1 1934. Death is said to have occurred on the date stated above, at 11:00 p.m.  
The principal cause of death and related causes of importance were as follows:  
Cystitis & Prostatitis  
Hyper-tension & Atherosclerosis

Date of onset \_\_\_\_\_

Other contributory causes of importance:  
Hyper-tension & Atherosclerosis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ 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? No

If so, specify \_\_\_\_\_

(Signed) E. B. Dunderon, M. D.

(Address) Lathrop 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.

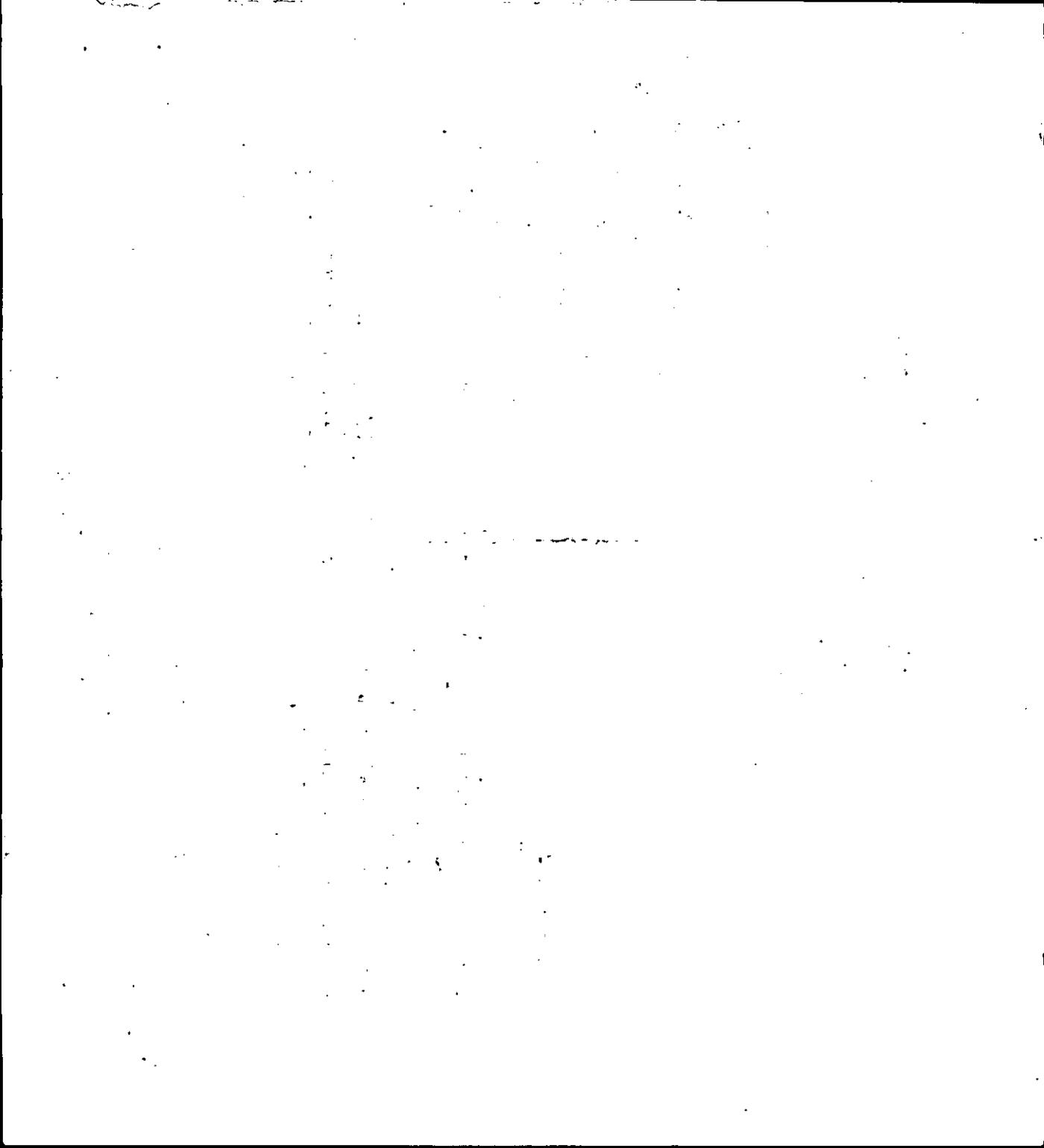
WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

2 3 2

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#2 *Clinton*

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

E. T. McGaugh, M. D.,  
22 Special Agent,  
Jefferson City, Mo.

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: James B. Benaman  
Who died at \_\_\_\_\_ on Aug - 1 - 1934  
Residence: No. \_\_\_\_\_ St. \_\_\_\_\_  
(If nonresident, city or town)

Length of residence in city or town where death occurred: \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
Sex M Color or race Wh. ~~Single~~, married, widowed or divorced: \_\_\_\_\_

Date of birth \_\_\_\_\_ Age: Years 80 Months 7 Days 13

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_ (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_

Date deceased last worked at this occupation: Month \_\_\_\_\_ Year \_\_\_\_\_

Birthplace (State or country) \_\_\_\_\_

Birthplace of father (State or country) Cystitis + Prostatitis

Birthplace of mother (State or country) \_\_\_\_\_

Principal cause of death: Cystitis due to retention of residual urine and repeated use of unsterile catheter by self

Other contributory causes of importance \_\_\_\_\_ 137

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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 \_\_\_\_\_

Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

Name of physician \_\_\_\_\_

Address of physician \_\_\_\_\_

Signature of Registrar E. B. Benaman Date filed \_\_\_\_\_

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 206

Very truly yours,

Primary Reg. Dist. No. 4124

*E. T. McGaugh, M.D.*

Special Agent. *K.*

MEMORANDUM FOR THE DIRECTOR  
OF THE BUREAU OF INVESTIGATION

MEMORANDUM

S-28712

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED  
DATE 05-18-2011 BY 60322 UCBAW/SJS/STP