

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

Do not use this space.

28947

408

**1. PLACE OF BIRTH**

County *Boone*

Registration District No. *317*

Township

Primary Registration District No. *2001*

City

(No. *210 Benton*)

St.

Ward

**2. FULL NAME**

(a) Residence, N. *Wm O J B Benton*

(Usual place of abode) *Wells*

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds.

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

**PERSONAL AND STATISTICAL PARTICULARS**

SEX *Male*

4. COLOR OR RACE *White*

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *August 16*

7. AGE

YEARS *16*

MONTHS

DAYS

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) in this occupation

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

13. NAME

BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

14. MOTHER'S NAME

BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE

19. UNDERTAKER (ADDRESS)

20. FILED

Aug 10 19 34

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *8-9*, 19 *34*

22. I HEREBY CERTIFY, That I attended deceased from

19... to ... 19...

I last saw him *dead* alive on *8-9*, 19 *34* Death is said

to have occurred on the date stated above, at *3 A.m.*

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

*Septicemia - origin undetermined*

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? *Yes*

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) *Chas A. George - Crown*

(Address) *Springfield, Mo.*

*Ralph W Langston*

AUG 31 1934

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

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.

SEP 30 1946