

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.

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

Do not use this space.

OCT 11 1934

1. PLACE OF DEATH

County

Registration District No.

Township

Primary Registration District No.

City

(No.)

St.

Ward)

2. FULL NAME

(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 5 yrs.

mos.

ds.

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)

widower

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

Stella Benjamin

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

Aug 2 - 1855

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

79

1

25

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

Farmer

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)

Monreal Canada

13. NAME

Dont Know

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

Dont Know

15. MAIDEN NAME

Dont Know

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

Dont Know

17. INFORMANT (ADDRESS)

Mrs Cora Amick

18. BURIAL, CREMATION, OR REMOVAL PLACE

139 South Belmont, St. Louis, Mo.

19. UNDERTAKER (ADDRESS)

H. D. Hobbs

20. FILED

127 1934 P. E. Budd, Jr. Mo.

Registrar.

2. MEDICAL CERTIFICATE OF DEATH

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

9-27-1934

22. I HEREBY CERTIFY, That I attended deceased from

Aug 28 1934 to Sep 26 1934

I last saw him alive on Sep 26 1934 Death is said

to have occurred on the date stated above, at 7 A. m.

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

Cirrhosis of liver

131

1740

131

Other contributory causes of importance:

Nephritis

1932

Name of operation

Date of

What test confirmed diagnosis? Urinal tests

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

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)

(Address)

M. D.

