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.

64

FEB 27 1935

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

Do not use this space.

1. PLACE OF DEATH
County Monroe — Registration District No. 582 — File No. 2159
Township Jackson — Primary Registration District No. 5779 — Registered No.
City (No. , St. Ward)

2. FULL NAME Benjamin Franklin Terrell
(a) Residence, No. Rural Paris Mo St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 16 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 7, 1854

7. AGE — YEARS 80 — MONTHS 3 — DAYS 0 — If LESS than 1 day, hrs. or min.

OCCUPATION
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) 1918
11. Total time (years) spent in this occupation life

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

FATHER
13. NAME Wm Terrell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. K.

MOTHER
15. MAIDEN NAME Lockie Beesley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. K.

17. INFORMANT (ADDRESS) Mrs. Andrew Johnson Paris Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Antioc DATE JAN 8 1935

19. UNDERTAKER (ADDRESS) Speed & Blakey Paris Mo.

20. FILED JAN 7 1935 H C Payne Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JAN 7 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1933, to Jan 7, 1935
I last saw him alive on Jan 7, 1935 Death is said to have occurred on the date stated above, at 7:45 A.m.
The principal cause of death and related causes of importance were as follows:
Cardiac Hypertrophy — Date of onset N.K.

Other contributory causes of importance:
None known

Name of operation — Date of
What test confirmed diagnosis? Clinical 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) H C Payne, M. D.
(Address) Paris Mo