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.

MAR 28 1935

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

Do not use this space.

File No. 6545

Registered No. 45

1. PLACE OF DEATH
County: RANDOLPH.
Township:
City: MOBERLY. (No. , St. Ward)
Registration District No. 735
Primary Registration District No. 3034

2. FULL NAME: JOHN J. BENJAMIN
(a) Residence, No. 910 HENRY ST. 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
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): MARRIED.
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~: SALLIE BENJAMIN
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): MCH 22 - 1877.
7. AGE: YEARS 57. MONTHS 11 DAYS 3. If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: LABORER.
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): ILLINOIS.

FATHER
13. NAME: J. J. BENJAMIN.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): OHIO.

MOTHER
15. MAIDEN NAME: MALINDA MALLORY
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ILLINOIS

17. INFORMANT (ADDRESS): MRS H BARNES. MOBERLY - MO
18. BURIAL, CREMATION, OR REMOVAL
PLACE: OAKLAND CEM. DATE: FEB. 27. 1935
19. UNDERTAKER (ADDRESS): LEAVERTON - INC MOBERLY MO
20. FILED: 2/26 1935 Virginia Walker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): FEB. 25 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb - 18 - 1935 to Feb - 25 - 1935
I last saw ~~him~~ alive on Feb - 24 - 1935. Death is said to have occurred on the date stated above, at 8:45 A.M.
The principal cause of death and related causes of importance were as follows:

Aortic Stenosis — Date of onset MCH - 1934

Other contributory causes of importance: Mitral regurgitation — Date of onset

Name of operation: — Date of: —
What test confirmed diagnosis? None 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. W. Strader, M. D.
(Address) Moberly, Mo.