

MAY 31 1935

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

Do not use this space.

13611

1. PLACE OF DEATH

County Mercer
Township Medicine
City (No.)

Registration District No. 559
Primary Registration District No. 6753

File No.
Registered No. 15
St. Ward

2. FULL NAME Benjamin Clyde Michael

(a) Residence, No. St. Ward
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 9 1935</u>		
7. AGE	YEARS	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. <u> </u> ✓	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>	
	10. Date deceased last worked at this occupation (month and year) <u> </u>	11. Total time (years) spent in this occupation <u> </u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mercer County Mo.</u>		
FATHER	13. NAME <u>William F Michael</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mercer County Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Grace M. Raines</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mercer County Mo.</u>	
17. INFORMANT <u>Wm. F. Michael</u> (ADDRESS) <u>Harris, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE	<u>Harris</u>	DATE <u>4-11-1935</u>
19. UNDERTAKER <u>Otto H Reed</u> (ADDRESS) <u>Newtown, Mo.</u>		
20. FILED <u>April 19 1935</u> <u>Mrs. Claud Thomas</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 10 1935

22. I HEREBY CERTIFY That I attended deceased from April 10 1935 to April 10 1935

I last saw h. alive on , 1935 Death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:
Found dead in bed - Cause unknown

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? 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 , 1935
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) U S Bradley, M. D.
(Address) Harris 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.

