

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.

JUL 20 1935

19402

1. PLACE OF DEATH

County Franklin Registration District No. 1104  
 Township Forest Primary Registration District No. 4564  
 City Genard (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 12

2. FULL NAME William Abraham Benton

(a) Residence, No. Genard 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 60 yrs. Y mos. X ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

|  |  |   |   |  |
|--|--|---|---|--|
| 3. SEX<br><u>Male</u>  | 4. COLOR OR RACE<br><u>White</u>   | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Widowed</u> |   |  |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary E. Benton</u> |  |   |   |  |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 7, 1849</u>                       |  |   |   |  |
| 7. AGE   | YEARS<br><u>86</u>   | MONTHS<br><u>2</u>  | DAYS<br><u>24</u>                                     | If LESS than 1 day, _____ hrs. or _____ min. |
| OCCUPATION   | 8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. <u>Farmer</u> |   |   |  |
|  | 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 _____ |  |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/1, 1935  
 22. I HEREBY CERTIFY, That I attended deceased from May 31, 1935, to June 1, 1935  
 I last saw him alive on May 31, 1935. Death is said to have occurred on the date stated above, at 11:10 p. m.  
 The principal cause of death and related causes of importance were as follows:

Chronic Bronchitis  
non tubercular

Date of onset

10 years

Other contributory causes of importance:

1060 B

Name of operation None 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) W. P. Fitzgerald, M. D.  
 (Address) Genard, Mo.

|  |   |
|--|---|
| MOTHER   | 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Spring Creek Franklin Co. Mo.</u> |
|  | 13. NAME <u>Josiah Benton</u>   |
|  | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>                       |
|  | 15. MAIDEN NAME <u>Unknown</u>  |
| FATHER   | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>X X</u>                           |
|  | 17. INFORMANT (ADDRESS) <u>J. B. Benton</u>   |
| 18. BURIAL, CREMATION, OR REMOVAL<br>PLACE <u>New Salem</u> DATE <u>6/3</u> , 19 <u>35</u> |   |
| 19. UNDERTAKER (ADDRESS) <u>E. J. Meyer Genard Mo.</u>                                     |   |
| 20. FILED <u>June 3, 1935</u> <u>W. P. Fitzgerald, M. D.</u> Registrar.                    |   |

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