

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

Do not use this space.

JUL 23 1935

19578

1. PLACE OF DEATH

County Howard
Township Mountain
City _____ (No. _____)

Registration District No. 878
Primary Registration District No. 55-31

File No. _____
Registered No. 34
St. _____ Ward _____

2. FULL NAME Earl Benson

(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>Negro</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>Unknown</u>		
7. AGE YEARS <u>about 32</u>	MONTHS	DAYS
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farm laborer</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		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Rockport Missouri</u>		
13. NAME <u>John Benson</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Rockport Missouri</u>		
15. MAIDEN NAME <u>Don't Know</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
17. INFORMANT <u>Earl Roberts Fayette</u> (ADDRESS) <u>Howard County Missouri</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Rockport Mo</u> DATE <u>6-9</u> 19 <u>35</u>		
19. UNDERTAKER <u>Stewart G. Parker</u> (ADDRESS) <u>Columbia Missouri</u>		
20. FILED <u>7-8</u> 19 <u>35</u> <u>V. C. Bonham</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6, 1935

22. I HEREBY CERTIFY, that I attended deceased from _____, 19____, to _____, 19____

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:
accidental gun-shot wound by another party.

Date of onset 17

Other contributory causes of importance
Verdict of coroner
jury - accidental gun-shot by second party

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury June 3, 1935
Where did injury occur? Mountain View, Howard Co., Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
in home

Manner of injury accidental

Nature of injury gun-shot wound

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) J. G. Richards, M. D.
(Address) Fayette Carver

