

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

Do not use this space.

38761

JAN 25 1936

1. PLACE OF DEATH:

County Callwell Registration District No. 92 File No. _____
 Township Jawa Primary Registration District No. 4055 Registered No. 30
 City Braymer (No. _____) St. _____ Ward _____

2. FULL NAME Benjamin B. Street

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 4 1/2 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) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary H. Street
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 26, 1847
 7. AGE YEARS 88 MONTHS 7 DAYS 21 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) Nov. 1930 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER FATHER
 13. NAME John H. Street

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.

15. MAIDEN NAME Anna Brady

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT Mary Street (ADDRESS) Braymer, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Evangelical DATE Dec. 19, 1935

19. UNDERTAKER H. F. Mead (ADDRESS) Braymer, Mo.

20. FILED Dec 28, 1935 H. H. Peterson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 13, 1935 to Dec. 17, 1935
 I last saw him alive on Dec. 16, 1935. Death is said to have occurred on the date stated above, at 7 a.m.
 The principal cause of death and related causes of importance were as follows:

Bronchopneumonia Date of onset Dec. 13, 1935

Other contributory causes of importance: General arteriosclerosis

Name of operation none 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? _____ 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) Geo. S. Jewell, M. D.
 (Address) Braymer, Mo.

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.

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