

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

Do not use this space.

39119

File No. \_\_\_\_\_  
Registered No. 58  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County DeKalb Registration District No. 282  
Township \_\_\_\_\_ Primary Registration District No. A166  
City Campbell (No. \_\_\_\_\_)

**2. FULL NAME Mr Francis Benson**

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Male 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 2, 1931

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1931, to Dec 3, 1931.

I last saw him alive on Dec 1, 1931. Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 22 1845

to have occurred on the date stated above, at 12:20 P.M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
90 8 10

The principal cause of death and related causes of importance were as follows:

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming Merchant  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Putover  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation Life

Date of onset Fracture of Femur from a fall - Venereal  
Other contributory causes of importance: \_\_\_\_\_

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

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis \_\_\_\_\_ Was there an autopsy? no

MOTHER FATHER 13. NAME Andrew Benson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury Nov 23, 1931

15. MAIDEN NAME \_\_\_\_\_

Where did injury occur? Campbell, Mo  
(Specify city or town, county, and State)

MOTHER FATHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT J. W. Benson (ADDRESS) Campbell Mo

Manner of injury Home Fall  
Nature of injury Fracture Head of Femur

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodburn Cem DATE 12/4, 1931

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

19. UNDERTAKER Lewis Funeral Home (ADDRESS) Campbell Mo

If so, specify \_\_\_\_\_

20. FILED 12/3, 1931 - E. W. Daucus Registrar.

(Signed) M. L. Cone, M. D.  
(Address) Campbell, 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.

