JAN 17 1936

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

Do not use this space.

40247

1. PLACE OF DEATH
County Madison — Registration District No. 538 — File No.
Township Mine La Motte — Primary Registration District No. 6230 — Registered No. 97
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Benjamin H. Lachance
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Julia Lachance

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 17-1888

7. AGE: YEARS 47 — MONTHS 9 — DAYS 2 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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) Mine La Motte Mo.

FATHER
13. NAME Benjamin Lachance
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

MOTHER
15. MAIDEN NAME Sophia Keller
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Doe Run Mo.

17. INFORMANT (ADDRESS) Mrs. Julia Lachance Mine La Motte Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mine La Motte Mo. DATE 12/21 1935

19. UNDERTAKER (ADDRESS) Ed. H. Webb Fredericktown Mo.

20. FILED Dec 20 1935 S. C. Slaughter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 19 1935

22. I HEREBY CERTIFY, that I attended deceased from Dec 19 to Dec 19 1935 Patient alive, 19.....
I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 7 30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart attack	
Coronary occlusion or black	12/19-35

Other contributory causes of importance: Arterio Sclerosis

94B

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 ....., 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. Harry Barron, M. D.
(Address) Fredericktown

By C. H. Schwaner. Coroner Madison Co 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.