N. B. Doc...

MAR 25 1936

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

Do not use this space.

7372

1. PLACE OF DEATH
County St Charles — Registration District No. 757 — File No.
Township — Primary Registration District No. 3036 — Registered No. 33
City St Charles (No. 912 S. 2nd St. Ward)

2. FULL NAME Benjaman Franklin Izeman
(a) Residence, No. St Charles 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

3. SEX: Male
4. COLOR OR RACE: Black
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Minnie L Hardy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 9 1847

7. AGE: YEARS 88 — MONTHS 6 — DAYS 9 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Charles County Black Walnut Mo.

FATHER
13. NAME Benjaman Izeman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

MOTHER
15. MAIDEN NAME Dont Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

17. INFORMANT (ADDRESS) Benj. Izeman 912 S 2nd St Charles Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St Charles Mo. Oak Grove Cemetery DATE Feb 25th 1936

19. UNDERTAKER (ADDRESS) H C Dallmeyer & Sons Co. 800 N 2nd St Charles Mo.

20. FILED 2/25 1936 Clarence G. Wessler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 21st, 1936

22. I HEREBY CERTIFY, That I attended deceased from 18, 1931, to Feb 21, 1936
I last saw h..... alive on Feb 21st, 1936. Death is said to have occurred on the date stated above, at 9 10 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Nephritis	
Chr Myocarditis	Feb 18
131	

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? Physical 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?
If so, specify
(Signed) B Guest Gossow, M. D.
(Address) 200 Clay St St Charles 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.