

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

Do not use this space.

- 9846  
**APR 21 1936**

File No. ....  
Registered No. **70**  
St. .... Ward

**1. PLACE OF DEATH**

County **Leslie**  
Township **Jefferson**  
City (No. ....) **Jefferson**

Registration District No. **213**  
Primary Registration District No. **3014**

**2. FULL NAME**

**Benjamin Lee Stewart**

(a) Residence, No. **Elkes Hill Road** Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred **37** 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 **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE **Lucy Pearce**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept 12 - 1874**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<b>61</b>	<b>5</b>	<b>23</b>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **yard master**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Mo Prison**

10. Date deceased last worked at this occupation (month and year) **Mar 5 1936** 11. Total time (years) spent in this occupation **20**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Callaway Co Mo**

13. NAME **Gas Stewart**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Callaway Co Mo**

15. MARRIAGE **Mary Ann Stewart**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mo**

17. INFORMANT (ADDRESS) **Miss B L Stewart**

18. BURIAL, CREMATION, OR REMOVAL (PLACE) **Jefferson** DATE **Mar 8 1936**

19. UNDERTAKER (ADDRESS) **Lawson Garrison**

20. FILED **3/16/1936** **Ormsford** Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Mar 5 1936**

22. I HEREBY CERTIFY, That I attended deceased from **Dec 10 1936**, to **Mar 5 1936**

I last saw him alive on **Mar 5 1936**. Death is said to have occurred on the date stated above, at **5:30 P.M.**

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

**Coronary occlusion myocardial infarction**

Date of onset **Mar 3**

Other contributory causes of importance **none**

Name of operation **none** Date of operation **none**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? **no** Date of injury **no**

Where did injury occur? **no** (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. **no**

Manner of injury **no** Nature of injury **no**

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

If so, specify **no** (Signed) **Gas A. Hill** M. D. (Address) **Jefferson City 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.

