

APR 27 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

13744

1. PLACE OF DEATH

County Stone
 Township Greene
 City Greene (No. _____)

Registration District No. 842
 Primary Registration District No. 6104

File No. _____
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

Edward Benton Black

(a) Residence, No. _____ St. _____ Ward _____
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

Ruth Ann Black

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

April 15, 1852

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

85

10

5

OCCUPATION

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

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

Farmer

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

FATHER

13. NAME

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

MOTHER

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Rose Hill DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED

3/7

1936

Mr. E. Duggan

Registrar

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

3-5-1936

22. I HEREBY CERTIFY, That I attended deceased from

Jan 15, 1936, to March 3, 1936

I last saw him alive on Jan 20, 1936 Death is said

to have occurred on the date stated above, at 7:30 P. M.

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

Cardiovascular Renal Disease

Date of onset 1-1-30

Other contributory causes of importance:

Hypertension

Name of operation

What test confirmed diagnosis? Clinical 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) H. D. Kerr, M. D.

(Address) Greene Mo.

Every item of information should be carefully supplied. AOS should be stated EXACTLY. PARTIALLY STATED STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

