

APR 21 1936

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

Do not use this space.

14568

1. PLACE OF DEATH

County Cole Registration District No. 213
Township _____ Primary Registration District No. 3014
City Jefferson (No. _____) St. _____ Ward _____

File No. 93
Registered No. 99

2. FULL NAME

Jackson Lee Benson

(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

| | | |
|---|---|---|
| 3. SEX <u>Male</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Alain Benson</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>2/16 - 1864</u> | | |
| 7. AGE | YEARS <u>72</u> | MONTHS <u>1</u> |
| | DAYS <u>15</u> | IF LESS THAN 1 day, _____ hrs. or _____ min. |
| 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. | <u>Farmer</u> |
| | 10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-22, 1935 to 4-1, 1936
I last saw him live on 2-21, 1936. Death is said to have occurred on the date stated above, at 3-159 m.
The principal cause of death and related causes of importance were as follows:
Arteriosclerosis
Chronic Myocarditis
Date of onset: 1-1-36
2-23-36

Other contributory causes of importance: AS

| | |
|--------|--|
| FATHER | 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u> |
| | 13. NAME <u>Vincent Benson</u> |
| MOTHER | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u> |
| | 15. MAIDEN NAME <u>Nattie Allen</u> |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u> |
| | 17. INFORMANT (ADDRESS) <u>Gladys Benson</u> <u>Osage</u> <u>mo</u> |
| | 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Williamsburg</u> DATE <u>4/13</u> 19 <u>36</u> |
| | 19. UNDERTAKER (ADDRESS) <u>Ray L. Holt</u> <u>North Liberty</u> |
| | 20. FILED <u>APR 21 1936</u> <u>Wm. M. M. M. M.</u> Registrar |

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Y

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) J. M. Gillham, 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

APR 30 1958