

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

Do not use this space.

1. PLACE OF DEATH *MAY 14 1936*
 County *Greene* Registration District No. *328*
 Township *Greentop* Primary Registration District No. *3017*
 City *Greentop* (No. _____) St. _____ Ward _____

2. FULL NAME *George Benjamin*
 (a) Residence, No. *510 South Main St.*, _____ Ward. (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.

File No. *14898*
 Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *male* **4. COLOR OR RACE** *white* **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** *Widower*
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Mrs. Laura Benjamin*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug 30, 1846*
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
89 7 16
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired P.D. Engineer*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Railroad*
10. Date deceased last worked at this occupation (month and year) *1-7-16* **11. Total time (years) spent in this occupation** _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Springfield Mass.*
13. NAME *Don't know*
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " "
15. MAIDEN NAME " "
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " "
17. INFORMANT *Allice Steinker*
 (ADDRESS) *Greentop, Mo.*
18. BURIAL, CREMATION, OR REMOVAL
 PLACE *Mosque* DATE *April 16, 1936*
19. UNDERTAKER *Gipson Funeral Service*
 (ADDRESS) _____
20. FILED *4-17 36 Greentop Fair*
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Apr 16 1936*
22. I HEREBY CERTIFY, That I attended deceased from *Mar. 12*, 193., to *Apr 16*, 1936
 I last saw him alive on *Apr 16*, 1936 Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Atherosclerosis Date of onset *1929*
99
 Other contributory causes of importance:
 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? _____
 If so, specify _____
 (Signed) *J.P. Wright* M. D.
 (Address) *Greentop 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.

