

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.

MAY 21 1936

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

Do not use this space.

14924

1. PLACE OF DEATH

County Harrison Registration District No. 336
Township Primary Registration District No. 4199
City Cainsville, Mo. (No.) St. Ward) (If nonresident, give city or town and State)

2. FULL NAME

Leon Foreman Benzyl
(a) Residence, No. 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 16, 1936
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 or 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
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) Blythedale Missouri
13. NAME J. Cleo Benzyl
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Eagleville, Mo.
15. MAIDEN NAME Rubin Foreman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blythedale, Mo.

17. INFORMANT (ADDRESS) J. Cleo Benzyl, Cainsville, Missouri
18. BURIAL, CREMATION, OR REMOVAL PLACE Allen Cemetery, Eagleville, Mo. DATE April 30, 1936

19. UNDERTAKER (ADDRESS) Eddie W. Stoklasa, Cainsville, Missouri
20. FILED 4-30-1936 C. E. Odum Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 29, 1936
22. I HEREBY CERTIFY, That I attended deceased from April 27, 1936, to April 29, 1936
I last saw him alive on April 29, 1936 Death is said to have occurred on the date stated above, at 4:20 p.m.
The principal cause of death and related causes of importance were as follows:

Decomposed just after death from evidence of murder
Intussusception
Intestinal
Other contributory causes of importance: 177

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. A. Duff M. D.
(Address) Cainsville, Mo.

Leon Foreman Bessy