

MAY 25 1936

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

Do not use this space.

16377

1. PLACE OF BIRTH

County PhelpsRegistration District No. 677

File No.

Township RollaPrimary Registration District No. 4403Registered No. 50City Rolla (No.)

St. Ward)

2. FULL NAME Ferd Benton(a) Residence, No. Rolla mo. 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 m4. COLOR OR RACE wh5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 9, 1872

7. AGE

YEARS 63MONTHS 3DAYS 14

If LESS than 1 day, hrs. or min.

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

Carpenter & Painter

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) Galena Mo13. NAME Bennett Benton14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Genoa15. MAIDEN NAME Amanda Baker16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Carolina17. INFORMANT Miss Florence Benton
(ADDRESS) Rolla mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Rolla moDATE April 25, 193619. UNDERTAKER W. Lee P. Smith
(ADDRESS) Rolla mo20. FILED April 25, 1936Apr. 7, 1936J. W. Ayers

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 23, 193622. I HEREBY CERTIFY, That I attended deceased from Apr 22, 1936 to Apr 23, 1936I last saw him alive on Apr 23, 1936 Death is saidto have occurred on the date stated above, at 6:30 A.M.

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

Pneumonia (lobar)

Date of onset

Other contributory causes of importance:

cirrhosis of the liver
alcoholism

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

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) Carl B. Zand, M. D.(Address) Rolla 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.

