

JUL 17 1936

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

Do not use this space.

1. PLACE OF BIRTH  
County Butler Registration District No. 89  
Township Poplar Bluff Primary Registration District No. 3097 File No. 22120  
City Poplar Bluff (No. Brandon Hospital) Registered No. 137 Ward

2. FULL NAME Warren Benson  
(a) Residence, No. Brandon Hosp St. Van Buren, Mo  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. 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) Feb 25 / 1921

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
15 9 6

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. School

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) Heubach Mo

MOTHER FATHER

13. NAME Geo. T. Benson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Co, Mo

15. MAIDEN NAME Octa Senter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Co, Mo

17. INFORMANT (ADDRESS) Geo. T. Benson Van Buren, Mo

18. BURIAL, CREMATION OR REMOVAL PLACE Van Buren DATE June 5 1936

19. UNDERTAKER (ADDRESS) Gray Van Buren, Mo

20. FILED 6-3-36 Chittaugus Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from May 27 1936 to June 1st 1936  
I last saw him alive on June 1st 1936 Death is said to have occurred on the date stated above, at 2:30 p.m.  
The principal cause of death and related causes of importance were as follows:

Septicemia (general) Date of onset May 24

1047

Other contributory causes of importance: Empyema frontal sinuses May 24

Name of operation Extenuated Rad Frontal sinuses Date of May 27  
What test confirmed diagnosis? etc 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? Yes  
If so, specify Swimming  
(Signed) Dr. State M. D.  
(Address) Poplar Bluff, 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.

