

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

Do not use this space.

25154

1. PLACE OF DEATH

County Saline
Township Marshall
City Marshall (No. W. north)

Registration District No. 796
Primary Registration District No. 3038

File No. _____
Registered No. 123
St. _____ Ward _____

2. FULL NAME Benjamin Franklin Fenwick

(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) Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 21 1894
7. AGE YEARS 92 MONTHS 2 DAYS 29 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor
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) Arrow Rock (STATE OR COUNTRY) Mo

13. NAME Geo Fenwick

14. BIRTHPLACE (CITY OR TOWN) Maryland (STATE OR COUNTRY) _____

15. MAIDEN NAME Julia Herndon

16. BIRTHPLACE (CITY OR TOWN) Arrow Rock (STATE OR COUNTRY) Missouri

17. INFORMANT Geo Fenwick (ADDRESS) Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Arrow Rock DATE June 21 1936

19. UNDERTAKER Short-McCrory (ADDRESS) Marshall, Mo.

20. FILED June 20 1936 Nelson Newton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20 1936

I HEREBY CERTIFY That I attended deceased from Jan 30 to June 20, 1936
I last saw him alive on May 15, 1936 Death is said to have occurred on the date stated above, at 4 P.
The principal cause of death and related causes of importance were as follows:

Arterial Sclerosis (Date of onset) _____

Other contributory causes of importance none

Name of operation _____ Date of _____
What test confirmed diagnosis? Chloroform 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 suicide
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Nelson Newton, M. D.
(Address) Marshall 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.

SEP 29 1958