

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.

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

Do not use this space.

SEP 15 1936

33160

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **Saint Louis,** (No. **Saint Marys Infirmary**) St. Ward)

File No. **9062**
Registered No.

2. FULL NAME **John F. Benson, Jr.,**

(a) Residence, No. **4162 Enright Avenue** St. **19** Ward.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. **4** mos. **5** ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **Negro** 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) **April 23, 1936**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 4 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Nil**
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) **Saint Louis**
(STATE OR COUNTRY) **Missouri**

13. NAME **John F. Benson, Sr.**

14. BIRTHPLACE (CITY OR TOWN) **Richmond**
(STATE OR COUNTRY) **Virginia**

15. MAIDEN NAME **Mildred Hayden**

16. BIRTHPLACE (CITY OR TOWN) **Kadiz**
(STATE OR COUNTRY) **Kentucky**

17. INFORMANT (ADDRESS) **ella Belle Douglas**
4162 Enright Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE **Washington Park** of Sept. **1, 1936**

19. UNDERTAKER (ADDRESS) **Charles O. Gatto**
4107 Finney Avenue

20. FILED **661 8 3110** **J. T. Bredeek** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **August 28, 1936**

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at **10:40 P.M.**

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

Intussusception of lower portion of ileum
Date of onset **12/20**

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? **yes**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? **XXXXXX** 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.....
(Signature) **Harold H. Dyer**, M. D.
(Address) **1300 Clark Avenue**

The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry should be supported by a valid receipt or invoice. This ensures transparency and allows for easy verification of the data.

In the second section, the author outlines the various methods used to collect and analyze the data. This includes both primary and secondary data collection techniques. The primary data was gathered through direct observation and interviews with key stakeholders. Secondary data was obtained from existing reports and databases.

The analysis phase involved identifying trends and patterns in the data. Statistical tools were used to quantify the findings, and the results were compared against industry benchmarks. This comparison helps to contextualize the data and identify areas where the organization is performing well or needs improvement.

Finally, the document concludes with a series of recommendations based on the findings. These recommendations are designed to address the identified issues and improve the overall efficiency and effectiveness of the organization's operations. The author believes that implementing these suggestions will lead to significant long-term benefits.