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.

OCT 21 1936

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

Do not use this space.

33825

1. PLACE OF DEATH

County Callaway — Registration District No. 105

Township Auxvasse — Primary Registration District No. 5155

City ..... (No. ....., ... St. ..... Ward)

File No. .....

Registered No. 32

2. FULL NAME Benjamin Franklin Means,

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 2 1847

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
89	7	7	

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. Farmer

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) Christian County (STATE OR COUNTRY) Kentuckey

FATHER

13. NAME Henery Means,

14. BIRTHPLACE (CITY OR TOWN) Christian County, (STATE OR COUNTRY) Kentuckey,

MOTHER

15. MAIDEN NAME Mary Fuuel

16. BIRTHPLACE (CITY OR TOWN) North Carolina (STATE OR COUNTRY) Rockingham Nor Co

17. INFORMANT Henry T. Means (ADDRESS) Fulton Mo R F D 6

18. BURIAL, CREMATION, OR REMOVAL

PLACE Morrison Mo DATE Sep 11 1936

19. UNDERTAKER Barton Baker (ADDRESS) Auxvasse Mo

20. FILED 9 - 19 1936 W H Williamson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 9, 1936, 19

22. I HEREBY CERTIFY, That I attended deceased from March 25. 1936, 19, to June 2, 1936, 19

I last saw him alive on June 2, 1936, 19. Death is said to have occurred on the date stated above, at 8: m.m

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

	Date of onset
Myocarditis	

Other contributory causes of importance:

Following attact of Influenza

Name of operation none 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? No

If so, specify

(Signed) A. D. Bridges, M. D.

(Address) Portland Mo