JAN 20 1937

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

Do not use this space.

45097

1. PLACE OF DEATH
County Jackson — Registration District No. 400
Township Blue — Primary Registration District No. 4235
City Lees Summit (No. Residence St. Ward)

File No.
Registered No. 306

2. FULL NAME Alfred Lee Benfiel

(a) Residence, No. Lees Summit St., Mo. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 5th 1853

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
83	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retd Produce
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant
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) unknown Iowa

FATHER

13. NAME Alfred Benfiel
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown unknown

MOTHER

15. MAIDEN NAME Katherine Miller
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown unknown

17. INFORMANT Lora L. Benfiel
(ADDRESS) Lees Summit Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lees Summit DATE Dec 31 1936

19. UNDERTAKER Fields James
(ADDRESS) Lees Summit Mo.

20. FILED Dec 30 1936 William T. Fields
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec - 29 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 14, 1934, to Dec. 29, 1936
I last saw him alive on Dec. 29, 1936. Death is said to have occurred on the date stated above, at 7:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	1930

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? Physical 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.
(in home)
Manner of injury none
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) A. G. Swaney, M. D.
(Address) Lees Summit, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.