FEB 17 1937

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

Do not use this space.

2217

1. PLACE OF DEATH
64 County Marion — Registration District No. 547 — File No.
1 Township ~~Mason~~ — Primary Registration District No. 3129 — Registered No. 2
8 City Hannibal (No. St Elizabeth Hospital 1 St. Ward)

2. FULL NAME Benjamin W. Lafferty 1
(a) Residence, No. Spalding Mo 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 2nd 1873

7. AGE: YEARS 63 — MONTHS 8 — DAYS 25 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New London Mo 15

FATHER
13. NAME Henry Lafferty 15
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER
15. MAIDEN NAME Sarah Gorland
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Mrs W. F. Foster 610 Walnut St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Brush Creek Cem DATE 12/29/ 1936

19. UNDERTAKER (ADDRESS) James O'Donnell Hannibal Mo

20. FILED Jan 2 1937 W. C. Fisher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 27th, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 13, 1936 to Dec 27, 1936
I last saw him alive on Dec 27, 1936 Death is said to have occurred on the date stated above, at 6 45 a.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
Rt

Date of onset

Other contributory causes of importance:
Chronic myocarditis

Name of operation Date of
What test confirmed diagnosis? Clin 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?
If so, specify
(Signed) [signature], M. D.
(Address) 1001 Bliss Hannibal Mo

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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