MAR 23 1937

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

Do not use this space.

1. PLACE OF DEATH
County Lewis — Registration District No. 480 — File No. 7041
Township ~~Union~~ — Primary Registration District No. 4289 — Registered No. 3
City La Grange (No. ..... St. ..... Ward)

2. FULL NAME Benjamin H. Day
(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 13th 1868

7. AGE: YEARS 68 — MONTHS 8 — DAYS 18 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Merchant
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) (STATE OR COUNTRY): La Grange Mo.

FATHER
13. NAME: James A. Day
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Ailcy Hill
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): T. A. Day, Denver, Colorado.

18. BURIAL, CREMATION, OR REMOVAL
PLACE La Grange DATE Feb. 3rd 1937

19. UNDERTAKER (ADDRESS): A. A. Roberts, La Grange, Mo.

20. FILED Feby 2 1937 — W. S. Ellen, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feby 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feby 1, 1937, to Feby 1, 1937
I last saw him alive on Feby 1, 1937. Death is said to have occurred on the date stated above, at 1125 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation of Heart	

Other contributory causes of importance: Myocarditis (Chronic)

Name of operation ..... 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) W. S. Ellen, M. D.
(Address) La Grange 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.