

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

Do not use this space.

JUN 17 1937

1. PLACE OF DEATH **BUCHANAN**
 County..... Registration District No.....
 Township **WASHINGTON** Primary Registration District No. **10527**
 City **ST. JOSEPH,** (No. **6613 CARNAGIE**) Registered No. **619**
 St. Ward

2. FULL NAME **IVAN LAVERNE BENTON**
 (a) Residence, No. **6613 CARNAGIE** St. Ward.....
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred **8** 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) INFANT		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF SINGLE		6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY 5, 1928		
7. AGE	YEARS 8	MONTHS 10	DAYS 20	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. NONE			
	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) ST. JOSEPH, MISSOURI				
FATHER	13. NAME GEORGE IVAN BENTON			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) CANON CITY, COLORADO			
MOTHER	15. MAIDEN NAME GENEVA L. CORDWELL			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. JOSEPH MISSOURI			
17. INFORMANT GEORGE IVAN BENTON, FATHER (ADDRESS) 6613 CARNAGIE, ST. JOSEPH, MO.				
18. BURIAL, CREMATION, OR REMOVAL PLACE MEMORIAL PARK CEMET DATE MAY 28, 1937				
19. UNDERTAKER FLEEMAN & SON INC (ADDRESS) 1946 COLHOUN ST. JOSEPH, MO				
20. FILED 5/28 19 37 A. H. Heston Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **MAY 25, 1937**, 19

22. I HEREBY CERTIFY, That I attended deceased from **4-25-37** to **4/27-37**
 I last saw h. **IM** alive on **5/25-37** Death is said to have occurred on the date stated above, at **10:30 a.m.**
 The principal cause of death and related causes of importance were as follows:
 Date of onset **5-12-37**
Broncho Pneumonia
 Other contributory causes of importance **Scarlet Fever 4-25/37**

Name of operation..... Date of.....
 What test confirmed diagnosis? **Clinical** 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? **No**
 If so, specify.....
 (Signed) **C. S. Prussow**, M. D.
 (Address) **620 Francis St**

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.

