

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

Do not use this space.

JUN 23 1937

**1. PLACE OF DEATH**

51 County Johnson  
 Township Jackson  
 City (No. ....) .....

Registration District No. 427

Primary Registration District No. 5592

File No. 20461  
 Registered No. 20  
 St. .... Ward)

**2. FULL NAME**

Benton Joplin

(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. 15 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 Idea Joplin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 20, 1861

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .... hrs. or .... min.
	<u>75</u>	<u>4</u>	<u>26</u>	

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. ....

10. Date deceased last worked at this occupation (month and year) April 1937

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pittsfield Mo.

13. NAME unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) J. J. Slack Holden Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pittsfield Mo. DATE 5-18 1937

19. UNDERTAKER (ADDRESS) Blinn, Tulsa Okla. Mo.

20. FILED May 30 1937 Mrs G. W. Redford Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5/16 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 22 1937 to May 12 1937  
 I last saw him alive on May 6 1937 Death is said to have occurred on the date stated above, at 2:00 P. M.  
 The principal cause of death and related causes of importance were as follows:

Coronary Artery Disease  
Calan.  
 Date of onset

Other contributory causes of importance: Emboli

Name of operation Cholecystectomy Date of 7-6  
 What test confirmed diagnosis Cholecystectomy 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 Cholecystectomy  
 (Signed) K. S. Shaheen M. D.  
 (Address) Okla. 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.

