

JUL 29 1937

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

Do not use this space.

23911

1. PLACE OF DEATH

County Jackson
Township Blue
City Independence, Mo. (No. 2)

Registration District No. 398
Primary Registration District No. 5554
File No. 23911
Registered No. 229
Ward 11¹ Claremont

2. FULL NAME Benjamin Forrest York

(a) Residence, No. Eleventh & Claremont Ave. 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 Single				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 13, 1899				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
37	7	16		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Common			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer			
	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....			
12. BIRTHPLACE (CITY OR TOWN)..... Bates Co. Mo. (STATE OR COUNTRY)				
FATHER	13. NAME William J. York			
	14. BIRTHPLACE (CITY OR TOWN)..... Kentucky (STATE OR COUNTRY)			
MOTHER	15. MAIDEN NAME Emily Jane Wood			
	16. BIRTHPLACE (CITY OR TOWN)..... Bates Co. Mo. (STATE OR COUNTRY)			
17. INFORMANT Robert L. York (ADDRESS) 1233 w. South Ave.				
18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn Cem. DATE July 1st. 1937				
19. UNDERTAKER Cato & Speaks Funeral Home (ADDRESS) 300 So. Grand Ave. Indep. Mo.				
20. FILED 7-2-37 F. L. Cook Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **6/29 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Reg. Coroner** 19.....

I last saw h..... alive on..... Death is said to have occurred on the date stated above, at **9:45 A.M.**

The principal cause of death and related causes of importance were as follows:
Date of onset

Bi-lateral lobar pneumonia

Other contributory causes of importance:
**108
Cumulent Pericarditis**

Name of operation..... Date of.....
What test confirmed diagnosis **Autopsy** Was there an autopsy? **yes**

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) **Glendon Reg. Coroner** M. D.
(Address)

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.

