

OCT 19 1937

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

Do not use this space.

34109

## 1. PLACE OF DEATH

County SauvageurRegistration District No. 874Township Spring CreekPrimary Registration District No. 5382City Armadale, Mo. No. ....

St. .... Ward)

2. FULL NAME Willard Eugene Benton

(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 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

## 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) Dec. 25 / 1856

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, .....hrs. or .....min.

80915

OCCUPATION

## 8. Trade, profession, or particular kind of work done, as engineer, sawyer, bookkeeper, etc.

Retired Photographer

## 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) Kennett, Mo.13. NAME Arvin Benton14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y.15. MAIDEN NAME Lauder16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y.17. INFORMANT (ADDRESS) Wm Benton

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE LawsonDATE 9-16 193719. UNDERTAKER (ADDRESS) People20. FILED Sept 16 1937Hora Mendel  
Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9 10 193722. I HEREBY CERTIFY, That I attended deceased from Sept 8, 1937, to Sept 9, 1937.I last saw him alive on Sept 8, 1937. Death is said to have occurred on the date stated above, at 12:15 a.m.

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

Paralysis

Date of onset

## Other contributory causes of importance:

Name of operation NoneDate of Sept 10

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?

If so, specify

(Signed) P. C. Meyer

, M. D.

(Address) Armadale, Mo.

Exact statement of OCCUPATION is very important.

85d

Dr. Meyer

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

34109  
Do not use this space.

1. PLACE OF DEATH

(a) County Douglas Registration District No. 974  
 (b) Township Ferry Creek Primary Registration District No. 5382 Registered No. ....  
 (c) City ..... (d) Street No. .... St. ....  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Willard Eugene Benton

(a) Residence, No. .... St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S  
 (write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
80 9 15-

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. ....  
 9. Industry or business in which work was done, as 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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE, 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-10 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 9 1937 to Sept 9 1937

I last saw him alive on Sept 9 1937. Death is said to have occurred on the date stated above, at 1:30 p.m.

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

Paralysis  
Cerebral Hemorrhage  
 Date of onset 8/9

Other contributory causes of importance:

Arterial Hypertension

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? No

If so, specify .....

(Signed) A. C. Meyer, M. D.

(Address) awa

SUPPLEMENTAL

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

property essential. Exact statement of OCCUR ABOVE is very important.

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