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.

OCT 21 1937

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

Do not use this space.

34565

1. PLACE OF DEATH
County Johnson
Township Madison
City Holden (No. ..... St. ..... Ward)

Registration District No. 427
Primary Registration District No. 4253

File No. .....
Registered No. 35

2. FULL NAME Benj Franklin Clarkson

(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 5 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 Myrtle Minnie Clarkson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 20-1887

7. AGE YEARS 50 MONTHS DAYS 22 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laboror
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) Missouri

FATHER
13. NAME James Clarkson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Ann W. Hall
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Mrs Fannie Stock Kingsville Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Strasburg Cemetery DATE Sept 14 1937

19. UNDERTAKER (ADDRESS) T W Goodman Holden Mo.

20. FILED Sept 13 1937 Mrs G T Ridford Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 12 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 13 1937, to ....., 19....
I last saw h..... alive on Sudden 19..... Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

Boby Mangled by Mo. Pacific R.R. train

Date of onset

Other contributory causes of importance:

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 Sept 13, 1937
Where did injury occur? Holden Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. R.R. tracks
Manner of injury Run over by train
Nature of injury Body Mangled

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) T. L. Bradley Coroner, M. D.
(Address) Warrensburg Mo.

JUL 9 1953

JUN 23 1953

JUL 10 1953