

OCT 21 1937

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

Dr. A. J. C.

## 1. PLACE OF DEATH

County Knox  
 Township Knox City  
 City Knox City

Registration District No. 444  
 Primary Registration District No. 4262

File No. 34588  
 Registered No. 9 St. \_\_\_\_\_ Ward)

## 2. FULL NAME

(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. \_\_\_\_\_  
 (Usual place of abode)

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

## MEDICAL CERTIFICATE OF DEATH

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) Flossie E. Benner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 26 - 1863

7. AGE YEARS MONTHS DAYS  
74 6 24 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming  
 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) Knox Mo13. NAME Joseph Benner14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryland15. MAIDEN NAME Faience J. Sullivan16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky17. INFORMANT (ADDRESS) Flossie E. Benner18. BURIAL, CREMATION, OR REMOVAL PLACE Knox City DATE Sept 20 193719. UNDERTAKER (ADDRESS) W. A. Campbell20. FILED Sept 23 1937 J. R. Hunt Registrar.1. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 19 19372. I HEREBY CERTIFY, That I attended deceased from Jan 1st 1937 to Sept 19 1937

last saw him alive on Sept 18 1937 Death is said to have occurred on the date stated above, at 4:45 p.m.

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

Carcinoma of Pancreas (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:

Was it 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) Paul M. McRae M. D.(Address) Knox City, Mo

