

DEC 23 1937

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

Do not use this space.

42006

1. PLACE OF DEATH

County NewtonRegistration District No. 612Township Van BurenPrimary Registration District No. 5814

File No. _____

City _____ (No. _____)

Registered No. _____

St. _____ Ward _____

2. FULL NAME William A. Benson

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 28, 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 2 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miller, retired

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) 1933 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sullivan, Mo13. NAME Tillman Benson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Prussia, Mo15. MAIDEN NAME Minerva Bledsoe16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sullivan, Mo17. INFORMANT Mrs. Frank Saunders
(ADDRESS) Sarcosie, MO18. BURIAL, CREMATION, OR REMOVAL
PLACE Sullivan, MO DATE Nov. 29 3719. UNDERTAKER Engelke Funeral Home
(ADDRESS) Sarcosie, Mo20. FILED 11-27 1937 Grace Hudson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 26, 193722. I HEREBY CERTIFY, That I attended deceased from Sept. 13, 1937, to Nov. 26, 1937I last saw him alive on Nov. 26, 1937. Death is said to have occurred on the date stated above, at 10:40 P.M.

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

Fractured hip Date of onset 9-13-37

Other contributory causes of importance:

Pneumonia 186a

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? Accident Date of injury 10-27-37Where did injury occur? Newton, Co. Mo

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Fell on yardNature of injury Fractured hip

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) W. J. Sarcosie, M. D.(Address) Sarcosie, Mo

1/10/10

7
C
D

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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CERTIFICATE OF DEATH

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Do not use this space.

1. PLACE OF DEATH

(a) County Newton Registration District No. 612
(b) Township Van Buren Primary Registration District No. 2814 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 William A Benson

(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 (write the word) wid

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.
86 2 26

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) Nov 26 1937

22. I HEREBY CERTIFY, That I attended deceased from 19__ to _____, 19__

I last saw h _____ alive on _____, 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:

Fractured hip Date of onset _____

Other contributory causes of importance:

Pneumonia

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? accident Date of injury 11.27., 1937

Where did injury occur? Newton Co. Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Home

Manner of injury fell in yard

Nature of injury Fractured hip

24. Was disease or injury in any way related to occupation of deceased? yes

If so, specify hypertensive pneumonia

(Signed) W.P. York, M. D.

(Address) Archie Mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A CERTIFICATE UNLESS IT HAS BEEN COMPLETED AS PRESCRIBED BY LAW.

