

JAN 24 1938

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

Do not use this space.

119

~~46776~~

File No.   
 Registered No.   
 St.   
 Ward

1. PLACE OF DEATH

96 County Saint Louis  
Township Carroll  
City Jefferson Barracks (No. 1)

Registration District No. 96 1123  
Primary Registration District No. West Ave.

2. FULL NAME Benjamin C. DOSS 200

(a) Residence, No. 2615a Howard Street St. Unk. Ward. Saint Louis, Missouri  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

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 Mrs. Mary Doss  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 3, 1987  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
50 3 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman  
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) Monticello, Arkansas

FATHER 13. NAME Joseph Doss

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

MOTHER 15. MAIDEN NAME Emma Glossup

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

17. INFORMANT (ADDRESS) Clinical Clerk M. Schillig VAF Jefferson Barracks, Mo.

18. BURIAL CREMATION, OR REMOVAL PLACE National Cemetery Jefferson Barracks, Mo. DATE 1-12-38

19. UNDERTAKER (ADDRESS) Cullinane Bros. 1710 N. Grand St. Louis, Mo.

20. FILED 1-11 1938 THEODORE R. MEYER M. D. Deputy State Commissioner of Health

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 8 1938

22. I HEREBY CERTIFY, That I attended deceased from September 15, 1937, to January 8, 1938  
I last saw him alive on January 8, 1938 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:

Cirrhosis of Liver, hypertrophic Date of onset Unkn.

Other contributory causes of importance: None 124131

Name of operation None Date of operation None  
What test confirmed diagnosis? Phy. Clinical manif. and laboratory Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? - Date of injury -  
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 Chief Med. Officer  
(Signed) C. W. HUGHES, Chief Med. Off., M. D.  
DR. P. H. VAF Jefferson Barracks, Missouri

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.

SEP 21 1958