

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

Do not use this space.

1. PLACE OF DEATH  
 County bedard Registration District No. 163  
 Township Box Primary Registration District No. 5228  
 City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 File No. 2370  
 Registered No. 8

2. FULL NAME Homer Benskin 525  
 (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. 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) April 1 - 1909

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
28 9 20

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
 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 \_\_\_\_\_

FATHER  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo  
 13. NAME Fred A Benskin  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER  
 15. MAIDEN NAME Nettie Alberti  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT Fred A Benskin  
 (ADDRESS) Eldorado Springs, 720 R. 2

18. BURIAL, CREMATION, OR REMOVAL PLACE Wright Cemetery DATE Jan 23 1938

19. UNDERTAKER Gyrim Siders  
 (ADDRESS) Eldorado Springs, Mo

20. FILED 1-22-1938 J. Dawson Registrar. 54

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 21 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 21 1938 to Jan 21 1938  
 I last saw him alive on Jan 21 1938 Death is said to have occurred on the date stated above, at 1 A. m.  
 The principal cause of death and related causes of importance were as follows:  
Uranial Couma  
 Date of onset \_\_\_\_\_

Other contributory causes of importance:  
Chronic Brights Disease

RECEIVED  
 FEB 23 1938  
 BUREAU OF VITAL STATISTICS  
 MO. STATE BOARD OF HEALTH

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 \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (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) H. Amrell, M. D.  
 (Address) Boonville Mo

GROUP OF DEATHS IN MAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.

