CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

File No. 3165

Registered No. 1

1. PLACE OF DEATH
County: Gibson — Registration District No. 422 / 5574
Township: Gibbs — Primary Registration District No. 4200
City: Princeton (No. ..... St. ..... Ward)

2. FULL NAME: John Collins Benson 525
(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 4 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: Mary M. Benson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 15 1870

7. AGE: Years 67 | Months 7 | Days 24 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Mechanic
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): St Louis Mo

FATHER
13. NAME: John Benson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis Mo

MOTHER
15. MAIDEN NAME: Mary Hudsley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis Mo

17. INFORMANT (ADDRESS): Mrs. Mary Benson Princeton Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt Zion Cem DATE: Jan 12, 1938

19. UNDERTAKER (ADDRESS): Linnell & Chetlain

20. FILED 2/1, 1938 Jessie Donnell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 9, 1936, to Jan 9, 1938
I last saw him alive on Dec 30, 1937. Death is said to have occurred on the date stated above, at 9 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate	1935
Other contributory causes of importance:	
Essential Hypertension	?

Name of operation: Exploratory Date of: Sept 1937
What test confirmed diagnosis? Clinical 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 ....., 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? no
If so, specify
(Signed) Chas C Lall, M. D.
(Address) De Soto Mo

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FEB 25 1938
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MO. STATE BOARD OF HEALTH

OCT 8 1949