

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

Do not use this space.

**1. PLACE OF DEATH**

County New Madrid  
 Township Portage  
 City Portageville (No. ....)

Registration District No. 607  
 Primary Registration District No. 5806

File No. 3552  
 Registered No. 13  
 St. .... Ward)

**2. FULL NAME**

Sam Benson 52.5

(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**

3. SEX Male 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Benson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 12, 1886  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
52 0 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm hand  
 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) Bihailia, Miss.

FATHER 13. NAME Lewis Benson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) don't know

MOTHER 15. MAIDEN NAME Manervie Benson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) don't know

17. INFORMANT Mary Benson  
 (ADDRESS) Portageville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Portageville DATE 2-18-38

19. UNDERTAKER Wm. Vayn  
 (ADDRESS) Portageville, Mo.

20. FILED Feb. 17, 1938 Mary W. Cooke  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 16, 1938

22. I HEREBY CERTIFY. That I attended deceased from Feb 13, 1938, to Feb 16, 1938  
 I last saw him alive on Feb 11, 1938. Death is said to have occurred on the date stated above, at 7 p. m.  
 The principal cause of death and related causes of importance were as follows:

Chronic Nephritis Date of onset 1920

Uremia 1931 Feb 138

Other contributory causes of importance:  
Terminal  
Bronchitis pneumoniae 2-15-38

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? \_\_\_\_\_ (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) Car. G. Leonard, M. D.  
 (Address) Portageville, Mo.

CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. Exact statement of OCCUPATION is very important.

RECEIVED

FEB 23 1938

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MD. STATE BOARD OF HEALTH