

REC'D MAR 17 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH6828
Do not use this space.

1. PLACE OF DEATH

(a) County Green Registration District No. 318
 (b) Township W. Campbell Primary Registration District No. 2001 Registered No. 188
 (c) City Springfield (d) Street No. 1209 N. Rogers 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

Benjamin Thomas Bristow 623
 (a) Residence, No. 1209 N. Rogers 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 <u>M.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Vina Bristow</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr 21, 1859</u>		
7. AGE	YEARS <u>78</u>	MONTHS <u>10</u>
		DAYS <u>10</u>
	IF LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Poliaman</u>	
	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 <u>0</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Green County Missouri</u>		
FATHER	13. NAME <u>William Handy Bristow</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Arkansas</u>	
MOTHER	15. MAIDEN NAME <u>Louise Lavinia Thornton</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>	
17. INFORMANT (ADDRESS) <u>Mrs. R. E. Trimmer, 1209 N. Rogers, Spg.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Danforth Cem.</u> DATE <u>March 6, 1938</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>Dunn Hall Funeral Home, Springfield, Mo.</u>		
20. FILED <u>March 19, 1938</u> <u>Chas. H. George, M.D.</u> Local Registrar. <u>291</u> (Address) <u>450 1/2 E. Cecil St</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>March 1st, 1938</u>	Date of onset
22. I HEREBY CERTIFY, That I attended deceased from <u>FEB. 24, 1938</u> to <u>MAR. 1, 1938</u> I last saw him alive on <u>FEB. 28, 1938</u> Death is said to have occurred on the date stated above, at <u>2:00 A.M.</u> The principal cause of death and related causes of importance were as follows: <u>Chr. Interstitial Nephritis</u> <u>131</u>	
Other contributory causes of importance: <u>Arterio-sclerosis</u>	
Name of operation <u>Cholec.</u>	Date of operation
What test confirmed diagnosis <u>Cholec.</u>	Was there an autopsy? <u>No</u>
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? <u>No</u> If so, specify: (Signed) <u>Arthur Knapp, M.D.</u> (Address) <u>450 1/2 E. Cecil St</u>	

STATEMENT BY LICENSED EMBALMER

I, Andrew Farkis, Licensed Embalmer No. 3649.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me.

..... L. E.

No. None or by None, Registered Apprentice No.
working under my personal supervision.

Signed Andrew Farkis
Licensed Embalmer No. 3649

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)