

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

Do not use this space.

24240

**1. PLACE OF DEATH**

County..... **Jackson**  
Township..... **Kaw**  
City..... **Kansas City** (No. **417 Irving Place**)

Registration District No. **399**  
Primary Registration District No. **1002**

File No. **3024**  
Registered **3024** St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

**Benton E. Needhan**

(a) Residence. No. **417 Irving Place** St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode) **1320 Oak - La Crest** (If nonresident give city or town and State)  
Length of residence in city or town where death occurred **21** yrs. **2** 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 **Single**  
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **March 1, 1892**

7. AGE YEARS MONTHS DAYS **35 5**  
IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work **Laborer**  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **Missouri**  
(STATE OR COUNTRY)

10. NAME OF FATHER **Ben Needhan**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Ohio**  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Mary Earl**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Iowa**  
(STATE OR COUNTRY)

14. INFORMANT **Frank Mallory**  
(Address) **824 S. Ferris**

15. FILED **8/27 1927** REGISTRAR **M. M. Conner**

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Aug 1, 1927**

17. **Deputy Coroner**  
I HEREBY CERTIFY that I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
**Suicide - Shot Gun**  
**167**

CONTRIBUTORY (SECONDARY) **170**  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH? \_\_\_\_\_

8. DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? **Yes**

WHAT TEST CONFIRMED DIAGNOSIS? **Autopsy**  
(Signed) **Deputy Coroner**, M. D.  
**8-1-1927** (Address) **Deputy Coroner**

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Missouri** DATE OF BURIAL **Aug 3 1927**

20. UNDERTAKER **Daniels Brothers, Kansas City, Kas**  
ADDRESS

FADING INK---THIS IS A PERMANENT RECORD

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.

