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

Do not use this space.

File No. 28692

Registered No. 8152

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. 3812 a Blaine Ave. St., ... Ward)

2. FULL NAME Benjiman M. Runyan

(a) Residence. No. 3812 a Blaine St., Ave. Ward. (If nonresident give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 10 1871.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56	10	29	

8. OCCUPATION OF DECEASED Title Examiner.
(a) Trade, profession, or particular kind of work Broker
(b) General nature of industry, business, or establishment in which employed (or employer) Title Guarantee Co
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) St Louis, Mo

PARENTS

10. NAME OF FATHER Van Leer Runyan

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

12. MAIDEN NAME OF MOTHER Euphrase Clarke

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

14. INFORMANT Mrs Mazie Runyan
(Address) 3812 a Blaine Ave

15. FILED ..... 19 ..... May C Standley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 9th 1928

17. I HEREBY CERTIFY That I attended deceased from Aug 9 1928, to Aug 9 1928, that I last saw h. alive on Aug 9 1928 12:30 P.m., and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia (Fibrous) (Left)

108 (duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (SECONDARY) Mr Kum

..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED? Home
IF NOT AT PLACE OF DEATH? ..... No
DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) H. A. Hamm, M. D
Aug 9, 1928 (Address) Mrs Clubberg

*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	DATE OF BURIAL
Bellefontaine Cem	Aug 11th 1928
20. UNDERTAKER	**ADDRESS**
C. R. Lupton	4449 Olive St

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Univ. Club Bldg
Jeff 7675 11-3