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

Do not use this space.
5550

85

1. PLACE OF DEATH
County: Buchanan — Registration District No.: 1001 — File No.:
Township: — Primary Registration District No.: — Registered No.: 215
City: St. Joseph, (No. Missouri Methodist Hospital, St. Ward)

2. FULL NAME: Benjamin Franklin Pinzon,
(a) Residence. No. 317 North 19th, St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred: 2 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	Widowed,

5a. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Martha Pinzon,

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Year 1846

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	83	Unk.	Unk.	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired Farmer,
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Charleston,
(STATE OR COUNTRY): West Virginia,

PARENTS
10. NAME OF FATHER: Jacob Pinzon,
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown,
(STATE OR COUNTRY): West Virginia,
12. MAIDEN NAME OF MOTHER: Unknown,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown,
(STATE OR COUNTRY): Unknown,

14. INFORMANT: James F. Pinzon
(Address): 317 North 19th Street.

15. FILED: FEB 19 1929 — John G. Ott, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feby 18 1929

17. I HEREBY CERTIFY, That I attended deceased from July 1928, to Feb 18, 1929, that I last saw b. alive on Feb 18, 1929, and that death occurred, on the date stated above, at 3:15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arteriosclerosis
Nephritis Cronic
131
39 (duration) 5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Not known
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED: Home
IF NOT AT PLACE OF DEATH:
DID AN OPERATION PRECEDE DEATH? No DATE OF:
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) M. D. Gray, M. D.
2/20 1929 (Address) St Joseph Mo

*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: Oskaloosa, Kansas. Via auto
DATE OF BURIAL: Feb. 20th, 1929

20. UNDERTAKER: Heaton-Bergolt-Brown, By S. H. Hoole
ADDRESS: 319 S. 10 St. Funeral Home

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