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

Do not use this space.

File No. 40651

Registered No. 5[illegible]

1. PLACE OF DEATH

County: Jackson Registration District No.:

Township: Kaw Primary Registration District No.:

City: Kansas City (No. 2530, Park, Ave., St. Ward)

2. FULL NAME Arlindo C. Benson

(a) Residence. No. 2530 Park, Ave., St., 11 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 3 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 Esther Benson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 24, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	6	(13) 17	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Janitor-Foreman

(b) General nature of industry, business, or establishment in which employed (or employer): Retired 3 years

(c) Name of employer: Lawrence Kans. High School

9. BIRTHPLACE (CITY OR TOWN) Randolph County
(STATE OR COUNTRY) Indiana

PARENTS

10. NAME OF FATHER Abraham Benson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Randolph Co.
(STATE OR COUNTRY) Indiana

12. MAIDEN NAME OF MOTHER Ruth Talbert

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

14. INFORMANT Mrs. Esther Benson
(Address) 2530 Park Ave., K.C. Mo.,

15. FILED 12/9, 1929 M. M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 7, 1929

17. I HEREBY CERTIFY, That I attended deceased from 4th of December, 1929, to December 7, 1929, that I last saw him alive on December 7, 1929, and that death occurred, on the date stated above, at 7:30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy or cerebral hemorrhage

82 D.

(duration) A few hours ds.

CONTRIBUTORY (SECONDARY) A previous attack of apoplexy some years ago. (duration) mos. ds.

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

DID AN OPERATION PRECEDE DEATH? No Date of

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Paralysis -

(Signed) C. M. Perdue, M. D.

Dec. 9, 1929 (Address) 31 & main St. K.C. 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	DATE OF BURIAL
Lawrence, Kansas	12-10-29 19
20. UNDERTAKER	**ADDRESS**
P. H. Nugent	K.C.K.

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.