23 1930

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

Do not use this space.

11876

1. PLACE OF DEATH
County Callaway — Registration District No. 104 — File No.
Township Fulton — Primary Registration District No. 5153 — Registered No. 85
City (No. St. Ward)

2. FULL NAME Benjaman Franklin Pierce Ours

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

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4/27 1854

7. AGE: 75 YEARS — MONTHS: II — DAYS: II — If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W.Va.

PARENTS
10. NAME OF FATHER Abraham Ours
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) W.Va.
12. MAIDEN NAME OF MOTHER Rebeca Radabaugh
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) W.Va.

14. INFORMANT Eva Oura
(Address) 815 E.48 St. Kansas City Mo.

15. Apr 17 1930 R. N. Crews
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 16 1930

17. I HEREBY CERTIFY, That I attended deceased from 1928 at intervals until to death April 16, 1930 that I last saw him alive on Early in April, 1930, and that death occurred, on the date stated above, at 8 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral Stenosis with dilatation and myocardial degeneration of the heart
92B (duration) yrs. mos. ds.
93C
CONTRIBUTORY (SECONDARY)
95B (duration) yrs. 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? Clinical
(Signed) R. N. Crews, M. D
4/17, 1930 (Address) Fulton

*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: Millersburg Cemetry — DATE OF BURIAL: 4/18 1930

20. UNDERTAKER: Herndon Taylor — ADDRESS: Fulton Mo.