

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

Do not use this space.

15144

1. PLACE OF DEATH

112 County Highway Registration District No. 499
Township Washington Primary Registration District No. 1206
City (No. _____) St. _____ Ward _____

File No. _____
Registered No. 8 St. _____ Ward _____

2. FULL NAME

Benjamin Franklin Day
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Day</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 7, 1853</u>		
7. AGE YEARS <u>79</u>	MONTHS <u>2</u>	DAYS <u>9</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ashe Co. Mo.</u>		
13. NAME <u>John Day</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ashe Co. Mo.</u>		
15. MAIDEN NAME <u>Louise</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ashe Co. Mo.</u>		
17. INFORMANT <u>Thomas Day</u> (ADDRESS) <u>Marion Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Marion</u> DATE <u>Apr. 17</u> 19 <u>32</u>		
19. UNDERTAKER <u>H. J. M. Manton</u> (ADDRESS) <u>Marion Mo</u>		
20. FILED <u>6-10-</u> 19 <u>32</u> <u>Fred R. Whitson</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 16 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:
Lobar
100 Pneumonia

Other contributory causes of importance:
108 (1)

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) W. T. Schlicht, M. D.
(Address) Marion Mo

WRITE PLAINLY, WITH UNFADING 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.

