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

Do not use this space.

16608

File No.

Registered No. 38

1. PLACE OF DEATH

54 County Lafayette — Registration District No. 460

5 Township Davis — Primary Registration District No. 4274

4 City Higginsville (No. , St. Ward)

2. FULL NAME Sam Benton

(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 67 yrs. 2 mos. 15 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	Colored	Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 2, 1865

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	67	2	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter 245

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. State Institution

10. Date deceased last worked at this occupation (month and year) May 2 1932

11. Total time (years) spent in this occupation 16 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Higginsville Mo.

FATHER

13. NAME Tom Benton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER

15. MAIDEN NAME Ellen Martin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lexington Ky.

17. INFORMANT Sai Benton (ADDRESS) Higginsville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Higginsville DATE May 17 1932

19. UNDERTAKER Hofer & Meinenhagen (ADDRESS) Higginsville Mo

20. FILED 5-17- 1932 Dr. W.A. Braecklein
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 13, 1932, to May 17, 1932

I last saw h. alive on May 17, 1932. Death is said to have occurred on the date stated above, at 9 a.m.

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

Pneumonia Hypostatic. — Date of onset

267 A.M.

111 B

1461 K

Other contributory causes of importance:
Obesa & injury to head April 13 - 1932

Name of operation — Date of —

What test confirmed diagnosis Findings Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury 4/13, 1932.

Where did injury occur? Higginsville Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. on R.R. right of way.

Manner of injury Struck by train

Nature of injury scalp wound

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) W.A. Braecklein, M. D.

(Address) Higginsville, Mo.

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.

MAY 18 1932

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REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County Lafayette Registration District No. 460 File No.
Township Primary Registration District No. 4274 Registered No. 38
City Higginsville (No. , St. Ward)

2. FULL NAME Sam Benton
(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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)

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

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

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

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 7/2/32. 19 D W A Brasckleen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19
I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Hypostatic	
Other contributory causes of importance:	
Ozena & injury to head struck by train while walking on right of way.	245

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. On R R rights, way
Manner of injury Struck by train
Nature of injury Scalp wound

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

SUPPLEMENTARY

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5-16608