

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

Do not use this space.

19171

1. PLACE OF DEATH
36 County Franklin
Township Meramec
City..... (No.....)

Registration District No. 295
Primary Registration District No. 5412

File No.....
Registered No.....
St..... Ward.....

2. FULL NAME Boyd Benedum
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 13 - 1879
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
- 53 1
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Oil & Gas
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 176
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) - Salem, W. VA

FATHER 13. NAME Chas. Jerome Benedum

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) - Salem, W. VA

MOTHER 15. MAIDEN NAME Mineretta Benedum

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) - Salem, W. VA

17. INFORMANT Chas. Ray Benedum
(ADDRESS) 1218 Myrtle St. Clarkton, W. Va.

18. BURIAL, CREMATION, OR REMOVAL PLACE - Salem, W. VA DATE June 20 - 1931

19. UNDERTAKER Otto & Co
(ADDRESS) Washington, Mo.

20. FILED..... 19..... Registrar.....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 14, 1931

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 12:30 P.M.

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

Compound fracture of skull in automobile accident due to broken steering gear on wet pavement
Date of onset.....

Other contributory causes of importance: Accidental.

Name of operation..... Date of.....
What last confirmed diagnosis? physical Was there an autopsy? no

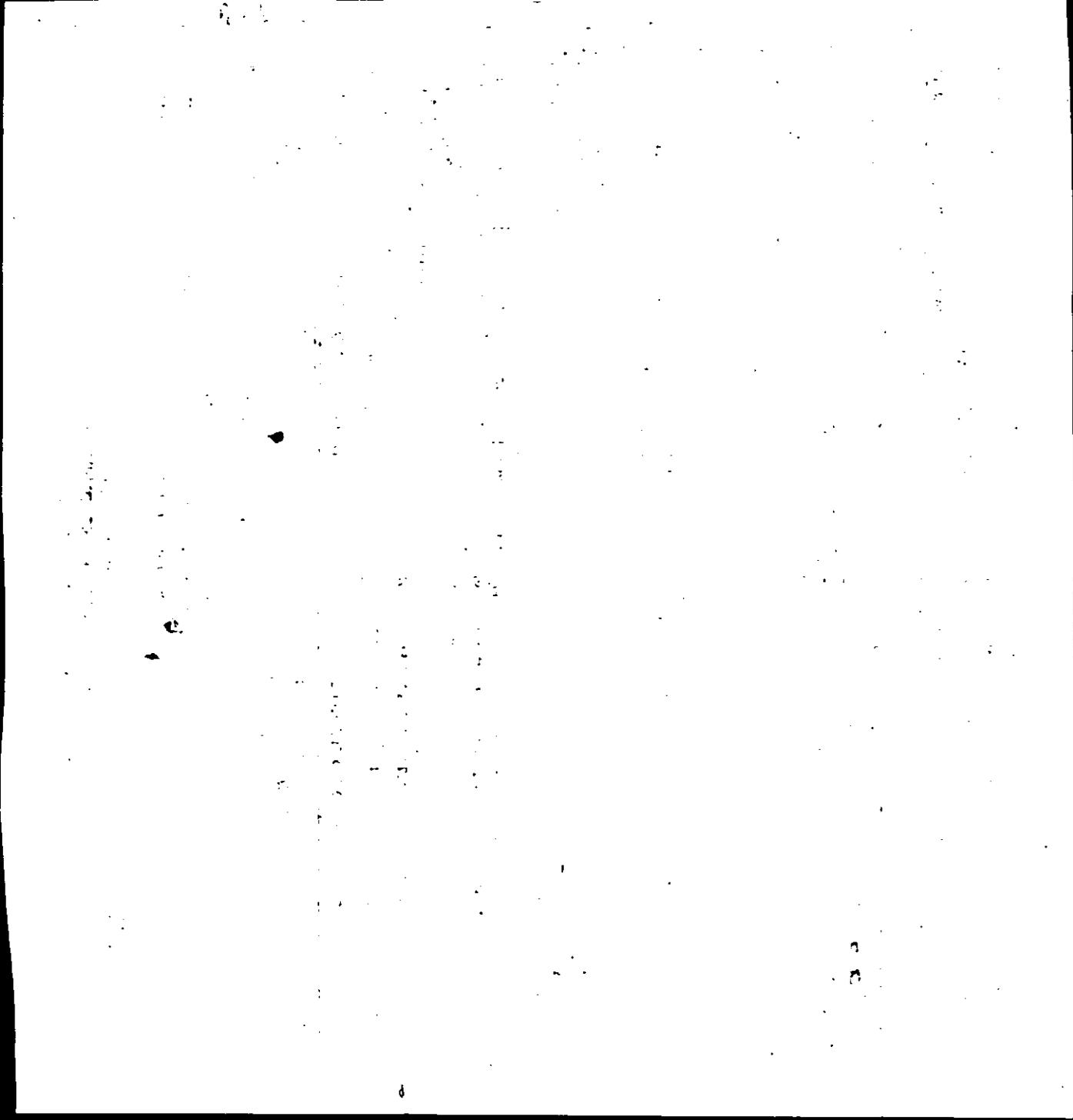
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury? June 14, 1931

Where did injury occur? on highway 6th
(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) Thos. P. Shaffer, M.D.
(Address) Sullivan, Mo.



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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Franklin Registration District No. 295-
Township Mexamee Primary Registration District No. 5412
City (No. St. Ward)

File No. 11
Registered No. 128

2. FULL NAME

Boyd Benedictum

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

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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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 Aug 10 1932 AP Morrison Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 14 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 m.

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

Date of onset

Other contributory causes of importance:

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) , M. D.

(Address)

SUPPLEMENTARY

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

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