

SEP 12 1934

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

Do not use this space.

1. PLACE OF DEATH  
36 County Franklin Registration District No. 294  
Township Central Primary Registration District No. 5409B  
City St. Clair, Mo. (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Benjamin Jackson Dulworth  
(a) Residence, No. St. Clair 1411 St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 32443  
Registered No. \_\_\_\_\_

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Miss Lizzie Dulworth

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 3 - 1878

|        |           |          |          |                                  |
|--------|-----------|----------|----------|----------------------------------|
| 7. AGE | YEARS     | MONTHS   | DAYS     | IF LESS than 1 day, hrs. or min. |
|        | <u>56</u> | <u>5</u> | <u>1</u> |                                  |

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

FATHER  
13. NAME J. H. Dulworth  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

MOTHER  
15. MAIDEN NAME Sarah B. Smith  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Deer Creek Mo.

17. INFORMANT Mary Dulworth  
(ADDRESS) St. Clair Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Jadwin Mo. DATE Sept 5 1934

19. UNDERTAKER Wm. Quay Co.  
(ADDRESS) St. Clair Mo.

20. FILED Sept 5 1934 H. H. Jackson  
St. Clair Mo. Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 4th 1934

22. I HEREBY CERTIFY, That I attended deceased from July 3rd 1934 to Sept 4 1934  
I last saw him alive on Aug 26 1934 Death is said to have occurred on the date stated above, at 1:30 p.m.  
The principal cause of death and related causes of importance were as follows:  
Carcinoma of right side of face - Temple  
Recurrent after operation  
Date of onset 2

Other contributory causes of importance:  
Toxemia from absorption of toxins and inanition

Name of operation Excision Date of 1934  
What test confirmed diagnosis? Pathology 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? No  
If so, specify \_\_\_\_\_  
(Signed) C. F. Briceleb, M. D.  
(Address) St. Clair, 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.

