

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

Do not use this space.

SEP 25 1935

28317

1. PLACE OF DEATH
 County St. Louis Registration District No. 1123 File No. _____
 Township _____ Primary Registration District No. 6248 B Registered No. 308
 City Jefferson Barracks (No. Veterans Administration Facility) St. _____ Ward _____

2. FULL NAME BLAND, Ben
 (a) Residence, No. 1213 Wash Street St. _____ Ward. St. Louis, Missouri
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred Un yrs. kn mos. Wn ds. How long in U. S., if of foreign birth? - yrs. - mos. - ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fannie May Bland
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 2, 1892
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
43 - 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unavailable
 10. Date deceased last worked at this occupation (month and year) Unav. 11. Total time (years) spent in this occupation Unav.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carlyle Arkansas

13. NAME Unavailable

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

15. MAIDEN NAME Unavailable

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable

17. INFORMANT W. C. Gibson, M.D.
 (ADDRESS) Vet. Adm. Facility, Jeff. Erks., Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE National Cemetery Aug. 30, 1935

19. UNDERTAKER W. C. Gibson, M.D.
 (ADDRESS) 4107 Finney Ave., St. Louis, Mo.

20. FILED Aug 30, 1935 J. Mowry
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from August 20, 1935, 19..... to August 26, 1935, 19.....

I last saw him alive on August 26, 1935, 19..... Death is said to have occurred on the date stated above, at 8:50 P.

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

Cirrhosis of Liver Date of onset Unkn.

Other contributory causes of importance: None

Name of operation Paracentesis Date of 8-26-35
 Physical exam. clinical manifestations
 What test confirmed diagnosis? and lab. findings and autopsy Was there an autopsy? Yes.

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. C. Gibson, M.D., Chief Med. Officer
 (Address) Vet. Adm. Facility, Jeff. Erks., 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.

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WB

W.C. Gibson

