

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

Do not use this space.

FEB 28 1936

507

1. PLACE OF DEATH

County Carroll Registration District No. 135 File No. _____
 Township Waverly Primary Registration District No. 5201 Registered No. 19
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

(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

MEDICAL CERTIFICATE OF DEATH

1. SEX <u>M</u>	4. COLOR OR RACE <u>W</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>Myrtle May Benjamin</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>6-30-1857</u>		
7. AGE	YEARS <u>78</u>	MONTHS <u>6</u>
	DAYS <u>23</u>	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) <u>Ill. Ill.</u>		
FATHER	13. NAME <u>Clery Perry Peck</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>	
MOTHER	15. MAIDEN NAME <u>Emma Jane Rolf</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
17. INFORMANT (ADDRESS) <u>Miss Wm J. Peck Carrollton Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>County Farm</u> DATE <u>Jan 25 1936</u>		
19. UNDERTAKER (ADDRESS) <u>Stardley Carrollton Mo.</u>		
20. FILED <u>1-25 1936</u> <u>Wm Haskin</u> Registrar		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 23 1936

22. I HEREBY CERTIFY That I attended deceased from 1-18, 1936, to Jan 23, 1936

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 8:35 A.M.

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

Chronic Bronchitis Date of onset _____
nephritis

Other contributory causes of importance:
Senile Dementia

Name of operation _____ Date of _____

What test confirmed diagnosis _____ Was there an autopsy? no

23. If death was due to external cause (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) W. H. Atwood, M. D.
 (Address) Carrollton, Mo.

This certificate is the property of the Missouri State Board of Health. It is loaned to you for your use only. It is not to be used for any other purpose. It is to be returned to the Missouri State Board of Health when you are no longer using it.

