MAR 18 1936

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

Do not use this space.

5525

File No.

Registered No. 162

1. PLACE OF DEATH

County: Greene — Registration District No. 318

Township: North Campbell — Primary Registration District No. 5439

City: Springfield (No. R#4 St. Ward)

2. FULL NAME J. W. Benton

(a) Residence. No. R#4 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.

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.

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) unknown

7. AGE 87 YEARS — MONTHS unknown — DAYS — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: No

(b) General nature of industry, business, or establishment in which employed (or employer): No

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) No
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER No

11. BIRTHPLACE OF FATHER (CITY OR TOWN) No
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER No

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) No
(STATE OR COUNTRY)

14. INFORMANT Supt of Greene Co Alms Farm
(Address) Springfield R#4

15. FILED 2-25-36 Ralph W Langston
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-24 1936

17. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1935, to Feb 23, 1936 that I last saw him alive on Feb 23, 1936, and that death occurred, on the date stated above, at 7 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Endocarditis

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Prostatis

(duration) 10 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) R. L. Russell, M. D.

2-25, 1936 (Address) Court House Springfield

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Greene Co Alms Farm — DATE OF BURIAL 2-25 1936

20. UNDERTAKER Mr. Donald Supt Greene Co Alms Farm — ADDRESS R#4