

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

Do not use this space.

1. PLACE OF DEATH

County St. Clair
 Township Loyal
 City..... (No..... St..... Ward)

Registration District No. 1605
 Primary Registration District No. 6089

File No. 3936
 Registered No.

2. FULL NAME

Benjamin Henry Virgil

(a) Residence, No. St. Ward.

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Helen Eliza Virgil</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 12, 1849</u>		
7. AGE	YEARS	MONTHS
	<u>88</u>	<u>4</u>
		<u>23</u>
	If LESS than 1 day, hrs. or min.	

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 31, 1938, to Feb 6, 1938

Last saw h. alive on Feb 3, 1938 Death is said to have occurred on the date stated above, at 9 P.m.

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer

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)..... life

11. Total time (years) spent in this occupation..... life

cerebral hemorrhage Date of onset

Other contributory causes of importance: chaussis interstitial Nephritis

12. BIRTHPLACE (CITY OR TOWN) New Albany
 (STATE OR COUNTRY) New York

13. NAME George W. Virgil

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

15. MAIDEN NAME Helen E. Hayes

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

Name of operation..... X Date of.....

What test confirmed diagnosis?..... A Was there an autopsy?..... X

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.

17. INFORMANT John Valle
 (ADDRESS) Collins, 1938

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Marshall Co. DATE Feb 7, 1938

19. UNDERTAKER Joseph & Finestone
 (ADDRESS) Collins, Mo.

20. FILED 3 23 1938 Matthie W. Davis
 Registrar.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify.....
 (Signed) Dr. E. D. Brown D.O.
 (Address) Collins Mo.

RECEIVED

FEB 28 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH

100-100000-100000

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

3936
Do not use this space.

1. PLACE OF DEATH

(a) County St. Clair Registration District No. 1008
(b) Township Doyal Primary Registration District No. 6009 Registered No.
(c) City (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Benjamin Henry Jergel
(a) Residence, No. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED wid (write the word)

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.
88 4 23

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as 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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19.....

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED Mar 23 1938 Mattie J. Harris Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 6 1938

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....

I last saw h..... alive 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) E. P. Brown M.D.

(Address) Callins

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATE UNTIL 3-1-38 COMPLETED AS PRESCRIBED BY LAW.

1938
S-3936