LSD APR 20 1939

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

11535
Do not use this space.

1. PLACE OF DEATH
(a) County Marion
(b) Township or City Mason
(c) City Hannibal
Registration District No. 547
Primary Registration District No. 3079
Registered No. 106
(d) Street No. St Elizabeths Hospital 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 mo

2. PRINT FULL NAME Benjamin Hayden McAllister
(a) Residence, No. St. Monroe City Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Matildia McAllister
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 31st 1866
7. AGE: Years 72; Months; Days; If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farming
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) Washington Co Missouri

FATHER
13. NAME Benjamin McAllister
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky.

MOTHER
15. MAIDEN NAME Amelia Hayden.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky.

17. INFORMANT Virgie Jones
(ADDRESS) Monroe City Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Holy Rosary Cemetery Monroe City Mo. DATE Mar. 23rd, 1939
19. FUNERAL DIRECTOR (NAME) Wilson & Son.
(ADDRESS) Monroe City, Mo.
20. FILED March 1, 1939 H C Fisher Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 19th, 1939
22. I HEREBY CERTIFY, That I attended deceased from 2/28, 1939, to 3/19, 1939
I last saw him alive on 3/19, 1939. 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:

| | Date of onset |
|---|---|
| Carcinoma of lung | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

47

Name of operation ..... Date of .....
What test confirmed diagnosis? X ray Was there an autopsy? No

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) F. M. Simmons D.O., M. D.
(Address) Monroe City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

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## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed O. W. Wilson

Licensed Embalmer No 1696

P. O. Address Monroe City Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**