

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

Do not use this space.

SEP 7 2 1934

**1. PLACE OF DEATH**

County Barry  
Township Flat Creek  
City Cassville (No. \_\_\_\_\_)

Registration District No. 29  
Primary Registration District No. 0038

File No. 15654-a  
Registered No. 51  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Benjamin Jacobs Black  
(a) Residence, No. Cassville, R.F.D. St. Ward \_\_\_\_\_

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</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>Alberta Black</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 28 - 1865</u>		
7. AGE YEARS <u>69</u>	MONTHS <u>7</u>	DAYS <u>27</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		If LESS than 1 day, _____ hrs. or _____ min.
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 <u>life</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Rolla, Missouri

MOTHER FATHER 13. NAME  
Jacob Black

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

MOTHER FATHER 15. MAIDEN NAME  
Marj. J. Kirkpatrick

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

17. INFORMANT (ADDRESS)  
Mrs. Berk Harper

18. BURIAL, CREMATION, OR REMOVAL PLACE  
Palmyra DATE  
May 6 1934

19. UNDERTAKER (ADDRESS)  
Hoing-Tenover Cassville, Mo.

20. FILED  
Sept 3 1934 Geo W Newman Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr 24 1932 to May 5 1934

I last saw him alive on May 5 1934 Death is said to have occurred on the date stated above, at 1:20 p.m.

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

Chronic Myocarditis with pericarditis  
Regurgitation  
1245  
Other contributory causes of importance: 1245  
Essential Hypertension  
Septic Cholecystitis

Date of onset  
?  
?  
?

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) Dr. C. E. McDaniel

(Address) Cassville, 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

