Benson

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

Do not use this space.

30295

1. PLACE OF DEATH
County Carroll — Registration District No. 135
Township Eugene — Primary Registration District No. 6201
City ... (No. ... St. ... Ward) — File No. ... Registered No. 106

2. FULL NAME Eli Circle

(a) Residence. No. ... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
M	W	Widower

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) ~~WIFE OF~~ Emma E Circle

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12-3-1848

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ... hrs. or ... min.
	80	9	27	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ...
(STATE OR COUNTRY) Indiana

PARENTS
10. NAME OF FATHER Stephen Circle
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ... (STATE OR COUNTRY) Virginia
12. MAIDEN NAME OF MOTHER Elizabeth Corder
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ... (STATE OR COUNTRY) Tennessee

14. INFORMANT Mrs C E Benson (Address) Wakenda Mo

15. FILED 10/1 1929 Mrs S E Farnham REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-30 1929

17. I HEREBY CERTIFY, That I attended deceased from 9-1-29, 19..., to 9-30-29, 19..., that I last saw h... alive on 9-30-29, 19..., and that death occurred, on the date stated above, at 9:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Undetected Nephritis —
131
(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (SECONDARY) 1290
(duration) ... yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED ...
IF NOT AT PLACE OF DEATH ...
DID AN OPERATION PRECEDE DEATH? ... DATE OF ...
WAS THERE AN AUTOPSY? ...
WHAT TEST CONFIRMED DIAGNOSIS? ...

(Signed) ... M.D.
10 1 1929 (Address) Carrollton Mo

*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	DATE OF BURIAL
Oak Hill Cem	10/2 1929
20. UNDERTAKER Willis Bros	ADDRESS Carrollton Mo

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.