

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

Do not use this space.

9740

1. PLACE OF DEATH
 County Ray Registration District No. 744
 Township Richmond Primary Registration District No. 3035
 City Richmond (No.) St. Ward)

2. FULL NAME Wm. Benbolt
 (a) Residence, No. Co. Home St. Ward.
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Do Not Know

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Do Not Know

7. AGE 68 YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) Do Not Know (STATE OR COUNTRY) 31

FATHER
 13. NAME Do Not Know

14. BIRTHPLACE (CITY OR TOWN) Do Not Know (STATE OR COUNTRY)

MOTHER
 15. MAIDEN NAME Do Not Know

16. BIRTHPLACE (CITY OR TOWN) Do Not Know (STATE OR COUNTRY)

17. INFORMANT A. W. Ballard (ADDRESS) Co Home, Richmond Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Richmond Mo DATE 3-28-32 19.

19. UNDERTAKER C. M. Jones (ADDRESS) Richmond Mo

20. FILED 3-25 1932 E. E. Day Registrar.

V MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 24, 1932 19

22. I HEREBY CERTIFY, That I attended deceased from March 5, 1932, to Mar 24, 1932
 I last saw him alive on March 20, 1932. Death is said to have occurred on the date stated above, at 6 P.M.
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
82R
97 J2A
 Other contributory causes of importance:
Atherosclerosis

Date of onset Mar. 5, 1932

Name of operation Date of
 What test confirmed diagnosis? P. Ex. 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) Wm. Benbolt, M. D.
 (Address) Richmond 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.

APR 28 1932

RECORD WITH OMPADING INK—THIS IS A PERMANENT RECORD

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