3 10 ₂₃	
--------------------	--

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

DONI STATE BOARD OF REALTR	
BUREAU OF VITAL STATISTICS	
CERTIFICATE OF DEATH	1795

December	1. PLACE OF DEATH		~ /		1.17		
2. FULL NAME WAShington Benford Col. (a) Residence. (b) Residence to city or town where death occurred yra nos. (c) Residence to city or town where death occurred yra nos. (d) Residence to city or town where death occurred yra nos. (d) How loog is U.S., if of foreign highly yra nos. (d) How loog is U.S., if of foreign highly yra nos. (d) How loog is U.S., if of foreign highly yra nos. (d) How loog is U.S., if of foreign highly yra nos. (d) How loog is U.S., if of foreign highly yra nos. (d) How loog is U.S., if of foreign highly yra nos. (d) How loog is U.S., if of foreign highly yra nos. (d) How loog is U.S., if of foreign highly yra nos. (d) How loog is U.S., if of foreign highly yra nos. (d) How loog is U.S., if of foreign highly yra nos. (e) How loog is U.S., if of foreign highly yra nos. (e) How loog is U.S., if of foreign highly yra nos. (e) How loog is U.S., if of foreign highly yra nos. (e) How loog is U.S., if of foreign highly yra nos. (e) How loog is U.S., if of foreign highly yra nos. (e) How loog is U.S., if of foreign highly yra nos. (e) How loog is U.S., if of foreign highly yra nos. (e) How loog is U.S., if of foreign highly yra nos. (e) How loog is U.S., if of foreign highly yra nos. (e) How loog is U.S., if of foreign highly yra nos. (e) How loog is U.S., if of foreign highly yra nos. (e) How loog is U.S., if of foreign highly yra nos. (e) How loog is U.S., if of foreign highly yra nos. (e) How loog is U.S., if of foreign highly yra nos. (e) How loog is U.S., if of foreign highly yra nos. (e) How loog is U.S., if of foreign highly yra nos. (e) How loog is U.S., if of the word yra nos is U.S., if of the word yra nos. (e) How loog is U.S., if of the word yra nos is U.S., if of the	County	Aegistration District No	~ / 4-4	[]	File No	····	
2. FULL NAME WAShington Benford Col. (a) Residence. (b) Residence to city or town where death occurred yra nos. (c) Residence to city or town where death occurred yra nos. (d) Residence to city or town where death occurred yra nos. (d) How loog is U.S., if of foreign highly yra nos. (d) How loog is U.S., if of foreign highly yra nos. (d) How loog is U.S., if of foreign highly yra nos. (d) How loog is U.S., if of foreign highly yra nos. (d) How loog is U.S., if of foreign highly yra nos. (d) How loog is U.S., if of foreign highly yra nos. (d) How loog is U.S., if of foreign highly yra nos. (d) How loog is U.S., if of foreign highly yra nos. (d) How loog is U.S., if of foreign highly yra nos. (d) How loog is U.S., if of foreign highly yra nos. (e) How loog is U.S., if of foreign highly yra nos. (e) How loog is U.S., if of foreign highly yra nos. (e) How loog is U.S., if of foreign highly yra nos. (e) How loog is U.S., if of foreign highly yra nos. (e) How loog is U.S., if of foreign highly yra nos. (e) How loog is U.S., if of foreign highly yra nos. (e) How loog is U.S., if of foreign highly yra nos. (e) How loog is U.S., if of foreign highly yra nos. (e) How loog is U.S., if of foreign highly yra nos. (e) How loog is U.S., if of foreign highly yra nos. (e) How loog is U.S., if of foreign highly yra nos. (e) How loog is U.S., if of foreign highly yra nos. (e) How loog is U.S., if of foreign highly yra nos. (e) How loog is U.S., if of foreign highly yra nos. (e) How loog is U.S., if of foreign highly yra nos. (e) How loog is U.S., if of foreign highly yra nos. (e) How loog is U.S., if of the word yra nos is U.S., if of the word yra nos. (e) How loog is U.S., if of the word yra nos is U.S., if of the	Township Richmond	Primary Registration Di	istrict No. 5 7 7	5/3	legistered No.	2	
2. FULL NAME WAShington Benford Col. (a) Reddence New York of Social (a) Reddence in the collection of the Social (a) Reddence in city or the world of State) PERSONAL AND STATISTICAL PARTICULARS 1. SEX	G Kansas City Kans N				_		
(a) Beatherone No. Length of residence in city or town where death accurred PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGE, MARRIED, WIDOWED OR DIVERCED (ority the word) Mal 9 Blach Married Blach Married Married A. Benford S. Jiff Married Marrie	•					***************************************	,
PERSONAL AND STATISTICAL PARTICULARS J. SEX	2. FULL NAME Washington	Benfori	Col.				
PERSONAL AND STATISTICAL PARTICULARS J. SEX	(a) Residence. No	St.,	Werd.	******************	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	******************************	
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SIMAR MARRIED, WIDDOWED ON DIVORCES (certic the word) Mala Black Marriag 15. DATE OF DEATH (MORTH, DAY AND YEAR) 3/29/26 15. DATE OF BIRTH (MORTH, DAY AND YEAR) MORTHS DATE C. DATE OF BIRTH (MORTH, DAY AND YEAR) JUNE 7. AGE YEARS MORTHS DATE 11 LESS than 1 day, bear 38 9. 22 9. 22 9. min 12. CONTRIBUTORY (A) General nature of industry, hashes, or establishment is which employed (or employer) (A) Name of employer 10. NAME OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) MISSISSIPPI 10. NAME OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) 11. BIRTHPLACE OF MOTHER DON'T KNOW 11. BIRTHPLACE OF MOTHER CITY OR TOWN) (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER DON'T KNOW 13. BIRTHPLACE OF MOTHER CITY OR TOWN) (STATE OR COUNTRY) 14. MORDANT WIllie A Benford 15. DATE OF DEATH (MORTH, DAY AND YEAR) 3/29/26 16. DATE OF DEATH (MORTH, DAY AND YEAR) 3/29/26 17. HER E By CERTIEV THE I Littended deceased from 12. Metal be go CERTIEV, That I attended deceased from 12. Metal be go CERTIEV, That I attended deceased from 12. Metal be go CERTIEV, That I attended deceased from 12. Metal be go CERTIEV, That I attended deceased from 12. Metal be go CERTIEV, That I attended deceased from 12. Metal be go CERTIEV, That I attended deceased from 12. Metal be go CERTIEV, That I attended deceased from 12. Metal be go CERTIEV, That I attended deceased from 12. Metal be go CERTIEV, That I attended deceased from 12. Metal be go CERTIEV, That I attended deceased from 12. Metal be go CERTIEV, That I attended deceased from 12. Metal be go CERTIEV, That I attended deceased from 12. Metal be go CERTIEV, That I attended deceased from 12. Metal be go CERTIEV, That I attended deceased from 12. Metal be go CERTIEV, That I attended deceased from 12. Metal Section And The CERTIEV (MORTH) Metal Section And The CERTIEV (MORTH) Metal Sect			ds. How lon			-	
3. SEX 4. COLOR OR RACE 5. SINGAE, MARRIED, WIDOWED OR DIVORCED (criz: the word) 16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/29/26 19 Male Black Married		,,,,	1104 200	ig in conque or rock	,		
Male Blach Idarried Shalf Married Blach Idarried Shalf Married Blach Idarried Shalf Married Blach Idarried Idarried Idarried Black Idarried Idar	PERSONAL AND STATISTICAL PARTICUL	ARS	/ ME	EDICAL CERTIF	CATE OF DEA	TH	
Male Black Harried 5a. If Married Willie A. Benford 6. DATE OF BIRTH (MONTH, DAY AND YEAR) JUNE 7 1887 7. AGE YEARS MONTHS DAYS II LESS than 1 days, bring, and that feeth occurred, on the date stated above, at. 38 9 22 or min. 8. OCCUPATION OF DECEASED (a) Trade, profession, or perfects that do work. Liaborer. (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer 9. BIRTHFLACE (city or town). (STATE OR COUNTRY) II. BIRTHFLACE (CITY OR TOWN). 11. BIRTHFLACE OF FATHER (CITY OR TOWN). (STATE OR COUNTRY) II. II. SISSIPPI 12. MAIDEN NAME OF MOTHER DON'T KNOW 13. BIRTHPLACE OF MOTHER (CITY OR TOWN). (STATE OR OCCUPITY) 2 II. Control of MOTHER DON'T KNOW 14. BIRTHPLACE OF MOTHER (CITY OR TOWN). (STATE OR OCCUPITY) 2 II. Control of MOTHER DON'T KNOW 15. BIRTHPLACE OF MOTHER (CITY OR TOWN). (STATE OR OCCUPITY) 2 II. Control of MOTHER DON'T KNOW 16. BIRTHPLACE OF MOTHER (CITY OR TOWN). (STATE OR OCCUPITY) 2 II. Control of MOTHER DON'T KNOW 17. HORDING TO STATE OR TOWN). (STATE OR OCCUPITY) 2 II. Control of MOTHER DON'T KNOW 18. WHERE WAS DISEASE CONTRACTED. WHAT ITST CONSTRUCT DATE (i. in death freed Violent Carrens, state of MOTHER (CITY OR TOWN). (STATE OR OCCUPITY) 2 II. Control of MOTHER (CITY OR TOWN). (STATE OR OCCUPITY) 2 II. Control of MOTHER (CITY OR TOWN). (STATE OR OCCUPITY) 2 II. Control of MOTHER (CITY OR TOWN). (STATE OR OCCUPITY) 2 II. Control of MOTHER (CITY OR TOWN). (STATE OR OCCUPITY) 2 II. Control of MOTHER (CITY OR TOWN). (STATE OR OCCUPITY) 2 II. Control of MOTHER (CITY OR TOWN). (STATE OR OCCUPITY) 2 II. Control of MOTHER (CITY OR TOWN). (STATE OR OCCUPITY) 2 II. Control of MOTHER (CITY OR TOWN). (STATE OR OCCUPITY) 2 II. Control of MOTHER (CITY OR TOWN). (STATE OR OCCUPITY) 2 II. Control of MOTHER (CITY OR TOWN). (STATE OR OCCUPITY) 2 II. Control of MOTHER (CITY OR TOWN). (STATE OR OCCUPITY) 3 II. Control of MOTHER (CITY OR TOWN). (STATE OR OCCUPITY) 3 II. Control of MOTHER (CITY OR TOWN). (STATE OR OC		IED, WIDOWED OR			- 4 /00	100	
MAIL BLACK A IF MARRIED WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Willie A. Bentord 6. Daye of Birth (Month, day and Year) June 7 1887 7. AGE Years Months Days ILLESS than 1 day, her. 38 OCCUPATION OF DECEASED (a) Trude, profession, or perfecular kind of work Laborer (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) MISSISSIPDI 11. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) The It is the property of the City or Town) (STATE OR COUNTRY) 21 Control of Country 14. Informator Willie A. Benford 15. M. Kansas City Kans. 16. DAYE OF BURIAL CREMATION, OR REMOVAL DATE OF BURI	DIVORCED (cor	its the word)		H (MONTH, DAY AND	YEAR) 3/29/	720	19
that Phate provides the control of the provided by the provide	Male Black Marrie	<u>a</u>		V CERTIES !	Phot I attanded dec	and for	
that That of the start of the alive on	SA. IF MARRIED, WIDOWED, OR DIVORCED		Man	75 26	to and a success of the		1926
6. DATE OF BIRTH (MONTH, DAY AND YEAR) JUNE 7 1887 7. AGE YEARS MONTHS DAYS II LESS than 1 day, here 38 9 22 or min. 8. OCCUPATION OF DECEASED (a) Trude, protession, or perfective kind of work Lighborg residents residents residents resident residents resident residents resident residents resident	(ne) WIFF ne						and that
5. DATE OF BIRTH (MONTH, DAY AND YEAR) 7. AGE YEARS MONTHS DAYS ULESS than 1 ULE	Willie A. Benic						
7. AGE YEARS MONTHS DAYS II LESS than 1 day, hard of mother than 22 or min. 8. OCCUPATION OF DECEASED (a) Trade, profession, or perticular kind of work Lift DOTOR: (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer (domnton) (STATE OR COUNTRY) MISSISSIPPI 10. NAME OF FATHER DON'T KNOW 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) 11. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 14. INFORMANT WILLIAM A Benford (Marca and Natures of Industry, and (2) whether Accidental, Structural or Housefull, Or reverse side for additional space. 14. INFORMANT WILLIAM A Benford (Marca and Natures of Industry, and (2) whether Accidental, Structural, Structu	6. DATE OF BIRTH (MONTH, DAY AND YEAR) June '7	11					
8. OCCUPATION OF DECEASED (a) Trade, profession, or perticular kind of work (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) 10. NAME OF FATHER DOn't Know 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) 11. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 14. INFORMANT Willie A Benford (Address) 2049 N. Halloca St. 15. MA Kansas City Kans.		Ii LESS than 1	(ICC)	est Val		ر دمه و	
8. OCCUPATION OF DECEASED (a) Trade, profession, or perfectler kind of work (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) 10. NAME OF FATHER DON'T KNOW 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER DON'T KNOW 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 14. NIFORMANT Willie A Benford (Address) 2049 N. Hallock St. Thatcher Cam Kansas City Kans.			M. C.			NEW S	
(a) Trade, profession, or perticular kind of work Laborer (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) MISSISSIPPI 10. NAME OF FATHER DON'T KNOW 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) II. II. (STATE OR COUNTRY) II. II. 12. MAIDEN NAME OF MOTHER DON'T KNOW 13. BIRTHPLACE OF MOTHER DON'T KNOW 14. BIRTHPLACE OF MOTHER CITY OR TOWN) (STATE OR COUNTRY) 211 DON'T KNOW 15. BIRTHPLACE OF MOTHER CITY OR TOWN) (STATE OR COUNTRY) 212 DON'T KNOW 16. MARGINANT WILLIAM A BENTOTAL (Address) 2049 N. Halloca St. 17. ANDRESS 18. WHERE WAS DISEASE CONTRACTED (SECONDARY) (SECONDARY) (SECONDARY) (SECONDARY) (SECONDARY) (Address) DISEASE CONTRACTED (Address) DATE OF BURIAL CREMATION, OR REMOVAL DATE OF	<u>38 9 22 </u>	orhib.	ر بمید	Miss	our	- 1121	U.O.C.
(a) Trude, profession, or perticular kind of work Laborer (b) General nature of industry, business, or establishment in which employed (or employer) (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) MISSISSIPPI 10. NAME OF FATHER DON'T KNOW 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) (STATE OR COUNTRY) II. II. (Signed Laborer Causes) Physics (Si	8. OCCUPATION OF DECEASED	<u> </u>	132				<u> </u>
(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) 10. NAME OF FATHER DON'T KNOW 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER DON'T KNOW 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 14. INFORMANT Willie A Benford (Address) 2049 N. Hallock St. 15. WHERE WAS DISEASE CONTRACTED 16. WHERE WAS DISEASE CONTRACTED 17. DATE OF D	(a) Trade, profession, or	1	y C. C.				_
SECONDARY) (SECONDARY) (SECONDARY) (SECONDARY) (Advanced) (C) Name of employer (STATE OR COUNTRY) (STATE OR COU	-		***************************************	<i>T</i>	######################################		
which employed (or employer) (c) Name of employer 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISSISSIPPI 10. NAME OF FATHER DON'T KNOW 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER DON'T KNOW 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 14. INFORMANT Willie A Benford (Address) 2049 N. Hallock St. 15. W. Kansas City Kans.	· · · · · · · · · · · · · · · · · · ·			X	Z <i>j</i>	••••	••••••
18. WHERE WAS DISEASE CONTRACTED. 9. BIRTHPLACE (CITY OR TOWN)	-				R	•	
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISSISSIPPI 10. NAME OF FATHER DON'T KNOW 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER DON'T KNOW 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 14. (STATE OR COUNTRY) 15. MAIDEN NAME OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 21. CONTRACT (STATE OR COUNTRY) 21. CONTRACT (STATE OR COUNTRY) 21. CONTRACT (MAINE AND NATURE OF DEATH, or in deaths from Violent Causes, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.) 15. W. Kansas City Kans.	(c) Name of employer		1		The state of the s		ag.
(STATE OR COUNTRY) MISSISSIPPI 10. NAME OF FATHER DON'T KNOW 11. BIRTHPLACE OF FATHER (CITY OR TOWN). (STATE OR COUNTRY) II. 12. MAIDEN NAME OF MOTHER DON'T KNOW 13. BIRTHPLACE OF MOTHER CITY OR TOWN). (STATE OR COUNTRY) 14. INFORMANT Willie A Benford (Address) 2049 N. Halloga St. (STATE OR COUNTRY) 15. W. Kansas City Kans.		11	18. WHERE WAS DISEAS	E CONTRACTED			
10. NAME OF FATHER DON'T KNOW 11. BIRTHPLACE OF FATHER (CITY OR TOWN). (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER DON'T KNOW 13. BIRTHPLACE OF MOTHER (CITY OR TOWN). (STATE OR COUNTRY) 14. INFORMANT Willie A Benford (Address) 2049 N. Halloga St. (Kansas City Kans. (Address) 2049 N. Halloga St. (Address) 2049 N. Halloga St. (That there was autopsyth. (Was there an autopsyth. (Signed Country) (Signed Country) (Signed Country) (Signed Country) (Signed Country) (Address) Full Country Causes, state (Signed Country) (Address) Full Country (Signed Country) (Signed	·		IF NOT AT PLACE	OF DEATH?		~ ······	•••••••
11. BIRTHPLACE OF FATHER (CITY OR TOWN). (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER DON'T KNOW 13. BIRTHPLACE OF MOTHER (CITY OR TOWN). (STATE OR COUNTRY) 14. (STATE OR COUNTRY) 15. MAIDEN NAME OF MOTHER (CITY OR TOWN). (STATE OR COUNTRY) 21. Doal Thanks (STATE OR COUNTRY) 21. Doal Thanks (STATE OR COUNTRY) 14. (NAME OF FATHER (CITY OR TOWN). (Signed (May /8, 1926 (Address) Free Violent Causes, state (1) Marks and Natura of Initiat, and (2) whether Accountrial, Boundal, or Homicidal. (See reverse side for additional space.) 14. (Address) 2049 N. Hallock St. 15. W. Kansas City Kans.	(STATE OR COUNTRY) MISSISSIPPI		(DID AN OPERATION	PRECEDE DEATH?	DATE OF "		
11. BIRTHPLACE OF FATHER (CITY OR TOWN). (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER DON'T KNOW 13. BIRTHPLACE OF MOTHER (CITY OR TOWN). (STATE OR COUNTRY) 14. INFORMANT Willie A Benford (Address) 2049 N. Halloga St. (Address) 2049 N. Halloga St. That char Cam Kansas City Kans.	10. NAME OF FATHER Don't Know		•	~ ~	<i>-</i> ∙		
(State or country) 12. MAIDEN NAME OF MOTHER DON'T KNOW 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) 14. INFORMANT Willie A Benford (Address) 2049 N. Halloga St. 15. W. Kansas City Kans.				- 1 1			*******
13. BIRTHPLACE OF MOTHER (CITY OR TOWN). (STATE OR COUNTRY) (STATE OR COUNTRY) (STATE OR COUNTRY) (STATE OR COUNTRY) (Address) 2049 N. Halloca 3t.	11. BIRTHPLACE OF FATHER (CITY OR TOWN)		WHAT TEST CONDING	19 0 physics 151	118-11)	
13. BIRTHPLACE OF MOTHER (CITY OR TOWN). (STATE OR COUNTRY) (STATE OR COUNTRY) (STATE OR COUNTRY) (STATE OR COUNTRY) (Address) 2049 N. Halloca 3t.	(STATE OR COUNTRY) 11.		(Signed	XXUX	WIUI	anson	Ala
13. BIRTHPLACE OF MOTHER (CITY OR TOWN). (STATE OR COUNTRY) (STATE OR COUNTRY) (STATE OR COUNTRY) (STATE OR COUNTRY) (Address) 2049 N. Halloca 3t.	4 12 MAIDEN NAME OF MOTHER DON'S + WE	LOW T	May 18.1926	Address)	Z. KY	Daniel Da	(,)
(STATE OR COUNTRY) 2 11 Don't Marks and Nature of Injury, and (2) whether Accidental, Greenal, or Homicidal. (See reverse side for additional space.) 10. Nature of Injury, and (2) whether Accidental, Greenal, or Homicidal. (See reverse side for additional space.) 11. Nature of Injury, and (2) whether Accidental, Greenal, or Homicidal. (See reverse side for additional space.) 12. Nature of Burial, Cremation, or Removal Date of Burial. 13. Nature of Injury, and (2) whether Accidental, Greenal, or Homicidal. (See reverse side for additional space.) 14. Nature of Injury, and (2) whether Accidental, Greenal, or Homicidal. (See reverse side for additional space.) 15. Nature of Injury, and (2) whether Accidental, Greenal, or Homicidal. (See reverse side for additional space.) 16. Nature of Injury, and (2) whether Accidental, Greenal, or Homicidal. (See reverse side for additional space.)					MARINE	270W	المتد
HONGEDIAL (See reverse side for additional space.) HONGEDIAL (See reverse side for additional space.) 19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL (Address) 2049 N. Hallock 3t. That char Cam Kansas City 5/18/26 19							
INFORMANT Willie A Benford 19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL (Address) 2049 N. Hallock St. That char Cam Kansas City 5/18/26 19 S. W. Kansas City Kans		Kunn					- , w
(Address) 2049 N. Hallock St. That char Cam Kansas City 5/18/26 19 S. W. Kansas City Kans.	14. Name Willie A Benford	ļ-	19. PLACE OF BURIA	AL. CREMATION. C	R REMOVAL	DATE OF RUP	IAL.
5. W. Kansas City Kans. ("Inatchar Cam Kansas City 7/10/20"		·····					
FREE May 18. 1926 R Lawrell Residence W. Mans. Appress		 17	Phatcher C	len Kand	as Cital	5/I8/26	19
Radamillon UW.Manne Relancian	May Kansas City Kans.		20. UNIVERTAKED	A A	Kans.	ADDRESS	
TAUAMANIE RAUAMANIE	La Lance	CRECO TOTAL	(9111111)	Miso.	11/1	111	<u>ن</u> م
		موديمون اا	UNV.II	(MANNY)	w IA	<u>VANAL</u>	well.

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer. Civil engineer. Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework or At home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired, 6 yrs.) For persons who have no occupation whatever, write None.

Statement of cause of Death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report

"Tyrhoid pneumonia"): Lobar pneumonia: Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, eto., Carcinoma, Sarcoma, etc., of (name orlgin: "Cancer" is less definited avoid use of "Tumor" for malignant noeplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatio), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis." etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS State MEANS OF INJURY and qualify 88 ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF 85 probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train-accident; Revolver wound of headhomicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Nors.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.