

24 1928

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

Do not use this space.

29924

1. PLACE OF DEATH

County... Cape Girardeau, Mo. Registration District No. 125  
Township... Cape Girardeau, Mo. Primary Registration District No. 3009  
City... Cape Girardeau

File No. \_\_\_\_\_  
Registered No. 1203  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Geo. Benjamin

(a) Residence. No. 145 S. Benton St., \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode)

(If nonresident give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED married  
(write the word)

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 27 1928

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Minnie Ruper

17. I HEREBY CERTIFY, That I attended deceased from Aug 4, 1928, to Sept 27, 1928 that I last saw him alive on Sept 27, 1928, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 25 1858

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
73 5 3

Chronic Bright disease

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 \_\_\_\_\_

about 137  
137  
CONTRIBUTORY (SECONDARY) Prostate trouble  
(duration) 0 yrs. 0 mos. 28 ds.

9. BIRTHPLACE (CITY OR TOWN) Ferris County,  
(STATE OR COUNTRY) Missouri

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH, \_\_\_\_\_  
DID AN OPERATION PRECEDE DEATH? yes DATE OF Aug 21 28  
WAS THIS AN AUTOPSY? no

10. NAME OF FATHER Master B Benjamin

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Germany

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Jackson, Mo. DATE OF BURIAL Sept 30 1928  
(Signed) W A Schow, M. D.  
9-29-28 (Address) Cape Girardeau Mo

12. MAIDEN NAME OF MOTHER Miss Korman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Germany

14. INFORMANT Mr. Edward Korman  
(Address) Cape Gir. Mo.

15. FILED 9-29-28 W. K. Korman REGISTRAR

20. UNDERTAKER Al. Hunk ADDRESS 536 Broadway

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be carefully supplied. AGE should be carefully supplied. Exact statement of OCCUPATION is very important.

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