

Benton, Woodrow W 1912 - 1932

Form V. B. 1-A-40m-11-1-33

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. 2968
Registered No. 52

1 PLACE OF DEATH
County Clark
City Winchester
City (No. Clark County Hospital 5th Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Vet. Post. City Hall Registration District No. 365
Inc. Town _____ Primary Registration District No. 7120

2 FULL NAME Woodrow W. Benton

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

Length of residence in city or town where death occurred yr. mos. ds. New long in U. S. if of foreign birth yr. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH		
3. SEX Male	4. COLOR OR RACE White	5. Single, Married, Widowed, or Divorced (write the word) Single	21. DATE OF DEATH (month, day, and year) Feb. 25 1932		22. I HEREBY CERTIFY, That I attended deceased from 2-24 to 2-25 , 19 32		
20. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____			I last saw him alive on 2-26-32 death in said to have occurred on the date stated above, at 4 A. M.		The principal cause of death and related causes of importance in order of onset were as follows: Gasoline Burns Accidentally / 71		
6. DATE OF BIRTH (month, day, and year) Dec. 3rd. 1912			7. AGE		Date of onset		
			Years 19	Months 2	Days 22		
			8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer				
			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) Clark Co. Ky.				
			13. NAME L. B. Benton				
			14. BIRTHPLACE (city or town) Lee Co. Ky.				
			15. MAIDEN NAME Elizabeth Horn				
			16. BIRTHPLACE (city or town) Estill Co. Ky.				
			17. INFORMANT L. B. Benton				
			18. BURIAL, CREMATION, OR REMOVAL Ford, Ky.				
			19. UNDERTAKER Scobee & Bartlett				
			20. FILED _____				
			23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 2-24-32 Where did injury occur? Gasoline Explosion Specify whether injury occurred in industry, in home, or in public place. Road Manner of injury Water to see gas on tank Cause of injury Burns			24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) W. M. Young , M. D. (Address) Winchester, Ky.	

AL. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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. See instructions on back of certificate.