

JUL 31 1937

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

Do not use this space.

24541

1. PLACE OF DEATH

County Pattis
Township Sedalia
City Sedalia (No. 10)

Registration District No. 168
Primary Registration District No. 3002
Bathwell

File No. 170
Registered No. 665
St. _____ Ward _____

2. FULL NAME Charles Edwin Benz

(a) Residence, No. Ionia 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

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6/3/37

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

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) Sedalia (STATE OR COUNTRY) MO.

FATHER 13. NAME C.C. Benz

14. BIRTHPLACE (CITY OR TOWN) MO. (STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME Verchel Snap

16. BIRTHPLACE (CITY OR TOWN) MO. (STATE OR COUNTRY) _____

17. INFORMANT Dora Benz (ADDRESS) Green Ridge, MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Ethel DATE 3/4/37

19. UNDERTAKER Luane King (ADDRESS) Sedalia

20. FILED 6-4-1937 Jean Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 3, 1937 to June 3, 1937

I last saw h. Shirley Benz Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows: Mother my sick with (influenza) (pneumonia)

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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 1

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____ (Signed) Jean, M. D. (Address) _____

WRITE CLEARLY 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.

Dr. Mitchell