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

Do not use this space.

5946

1. PLACE OF DEATH

County Platte — Registration District No. 698

Township Marshall — Primary Registration District No. 1927

File No. ____ Registered No. ____

City ____ (No. 5 Miles So. of DeKalb, Mo. St. ____ Ward ____)

2. FULL NAME Effie May Benson,

(a) Residence. No. 5 M. S. of DeKalb, Mo. St. ____ Ward ____ (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. ____ mos. ____ ds. How long in U.S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF Frank Benson,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 27, 1878

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ____ hrs. or ____ min.
	49	8	4	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home,

(b) General nature of industry, business, or establishment in which employed (or employer) ____

(c) Name of employer ____

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

PARENTS

10. NAME OF FATHER Henry Brumley,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Buchanan Co
(STATE OR COUNTRY) Missouri,

12. MAIDEN NAME OF MOTHER Mary Jane Simmons,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Platte Co.,
(STATE OR COUNTRY) Missouri,

14. INFORMANT Henry Brumley
(Address) R.F.D.# 3, Weston, Mo.

15. FILED 4/3/28 Jas Buel REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feby 1, 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 31, 1928 to Feb 1st, 1928, that I last saw h[illegible] alive on Feb 1st, 1928, and that death occurred, on the date stated above, at 11:25 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia

10d (duration) ____ yrs. ____ mos. 5 ds.

CONTRIBUTORY (SECONDARY) [illegible] (duration) ____ yrs. ____ mos. ____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? ____

O DID AN OPERATION PRECEDE DEATH? no DATE OF ____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? usual

(Signed) J. W. McAdoo M. D

, 19 (Address) DeKalb Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Sugar Creek Cemetery

DATE OF BURIAL Feb. 2, 1928

20. UNDERTAKER Heaton-McGaw-Bowman Funeral Home

ADDRESS St. Joseph, 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. 1928

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]