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

Do not use this space.
15922
~~15652~~

1. PLACE OF DEATH
County: Washington
Township: Liberty
City: ..... (No. ..... St. ..... Ward)
Registration District No. 887
Primary Registration District No. 6181
File No. .....
Registered No. 33

2. FULL NAME: Annie Benson.
(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 ... yrs. ... mos. ... ds. How long in U.S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Floyd Benson.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 11/15/1912

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
15	4	18	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife.
(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): Idaho.

PARENTS
10. NAME OF FATHER: W. A. Bouse
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Missouri
12. MAIDEN NAME OF MOTHER: Mary Hotson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Missouri.

14. INFORMANT: W. A. Bouse.
(Address): Potosi Mo

15. FILED: 4/4, 1928 Jos. L. Thurman, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 4/3 - 1928

17. I HEREBY CERTIFY, That I attended deceased from Apr. 3, 1928, to Apr. 3, 1928 that I last saw h. alive on 4-3, 1928, and that death occurred, on the date stated above, at 8.30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Puerparal Eclampsia
146
..... (duration) ... yrs. ... mos. ½ ds.
CONTRIBUTORY (SECONDARY) 148
..... (duration) ... yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) L. F. Thurman, M. D
4-4, 1928 (Address) Potosi. 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: Pleasant Hill
DATE OF BURIAL: 4/4 1928
20. UNDERTAKER: J. D. Boyer & Son
ADDRESS: Potosi, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.