NOV 22 1944

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

Do not use this space.

34516

**1. PLACE OF DEATH**

County: Ste Genevieve — Registration District No. 780 — File No.

Township: Ste Genevieve — Primary Registration District No. 6025 — Registered No. 40

City: — (No. ..... St. ..... Ward)

**2. FULL NAME** Felix I Bengette

(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 47 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Johana M Bengette

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 9 - 1859

7. AGE: Years 69 — Months 2 — Days 8 — If LESS than 1 day, ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): Farming
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Ste Genevieve
(STATE OR COUNTRY): Missouri

PARENTS

10. NAME OF FATHER: August Bengette
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ste Genevieve County Mo
12. MAIDEN NAME OF MOTHER: Mary Carron
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ste Genevieve County Mo

14. INFORMANT: Johana M Bengette
(Address): Ste Genevieve Mo

15. FILED: Oct 17, 1928 T.W. Douglas, REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct 17 - 1928

17. I HEREBY CERTIFY That I attended deceased from Dec 18th, 1927, to Oct 17th, 1928, that I last saw him alive on Oct 12th, 1928, and that death occurred, on the date stated above, at 3:00 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Interstitial Nephritis 131
Acute Myocarditis 93A
(duration) 2 yrs. 162 mos. ds.

CONTRIBUTORY (SECONDARY): Senility
(duration) ..... yrs. ..... mos. ..... ds.

1290

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) W D Pamfer, M. D
10/17/28 (Address) Ste Genevieve 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: Valley Spring Cemetery — DATE OF BURIAL: Oct 19 - 1928

20. UNDERTAKER: John Basler — ADDRESS: Ste Genevieve 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.

PERMANENT RECORD