

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

Do not use this space.

39840-a

1. PLACE OF DEATH

County Cedar
Towship Jefferson
City Clairinda (No. 1)

Registration District No. 163
Primary Registration District No. 5231

File No. _____
Registered No. 18
St. _____ Ward _____

2. FULL NAME

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 10, 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
77 1 7 — —

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Dayton Ohio
(STATE OR COUNTRY)

10. NAME OF FATHER Isaac Surface

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Dayton Ohio
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Clairinda Surface

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Dayton Ohio
(STATE OR COUNTRY)

14. INFORMANT F. J. Benham
(Address) Stockton, Mo

15. FILED Feb. 28 E. S. Smith
REGISTRAR
Mary Boyless

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12/17 1928

17. I HEREBY CERTIFY, That I attended deceased from 12-12 1928 to 12-17 1928
(that I last saw h. or alive on 12-15 1928, and that death occurred, on the date stated above, at 4 P. m.)

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenzal Pneumonia

IIA (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) IIA (duration) yrs. mos. da.

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) J. B. Stewart, M. D.

, 19 (Address) Stockton, Mo

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Oak Hill (Cutter, Mo) DATE OF BURIAL Dec 18 1928

20. UNDERTAKER Davis & Co ADDRESS Stockton

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.

