WRITE PLAINLY, 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.

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

Do not use this space. 27765

3455

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kan — Primary Registration District No. 1002 — Registered No.
City Kansas City (No. 2406 Askew St. Ward)

2. FULL NAME Carrie Benningham
(a) Residence. No. 2406 Askew St., 14 Ward. (If nonresident give city or town and State)
(Usual place of abode)
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: Female
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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 8th, 1882

7. AGE: Years 46 | Months 9 | Days 4 | If LESS than 1 day, ___ hrs. or ___ min.

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): Iowa

PARENTS
10. NAME OF FATHER: John Bartlett
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): U. S. A.
12. MAIDEN NAME OF MOTHER: Belle McIvor
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): U. S. A.

14. INFORMANT (Address): Daniel J. Benningham, 2406 Askew

15. FILED 8/13, 1929 M. M. Crowe asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 12 1929

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1929, to Aug. 12, 1929 that I last saw her alive on Aug 12, 1929, and that death occurred, on the date stated above, at 2 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pachymeningitis (duration) yrs. 4 mos. ds.

CONTRIBUTORY (SECONDARY) Acute Interstitial Nephritis (duration) yrs. mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? None

(Signed) L. A. Freeler, M. D.
8/13, 1929 (Address) 402 Wirthman Bldg

*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: Mt. St. Mary's Cem. — DATE OF BURIAL: 8/14/1929

20. UNDERTAKER: F. Cornell Co. — ADDRESS: 3256 Broadway

R. Green
31st Eng Troo