

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

Do not use this space.

31620

1. PLACE OF DEATH

County Pulaski
Township Union
City _____ (No. _____)

Registration District No. 711
Primary Registration District No. 8940

File No. 19
Registered No. 15
St. _____ Ward _____

2. FULL NAME

Rosa Benard

(a) Residence. No. _____ St. _____ Ward _____
(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

Ray Benard

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

3/10-1869

7. AGE

YEARS 60 MONTHS 6 DAYS 15
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 employee) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Mo.

10. NAME OF FATHER

John Case

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER

Not Known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Mo.

14. INFORMANT

Frank Helms
(Address) H135 Chautauque ave. Haverhill Mo.

15. FILED

9/27 1929 A. S. Lick
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 25- 1929

17. I HEREBY CERTIFY, That I attended deceased from 9-22-29, 19____, to 9-25-29, 19____, that I last saw him alive on 9-22-29, 19____, and that death occurred, on the date stated above, at 8 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Lobar Pneumonia
HA
108/0/10
(duration) _____ yrs. _____ mos. 7 ds.

CONTRIBUTORY (SECONDARY)

Strep
(duration) _____ yrs. _____ mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) W. J. Bridgman, M. D.
, 19____ (Address) Dixon, 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

Pisgah Country

DATE OF BURIAL

Oct 26 1929

20. UNDERTAKER

Fred N. Glick
Dixon Mo.

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