

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

Do not use this space.

1. PLACE OF DEATH

County St. Genevieve

Township Union

City Union

Registration District No. 934

Primary Registration District No. 6026

File No. 30956

Registered No. 9

St. 9 Ward

2. FULL NAME

Andrew Benko

(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

male

4. COLOR OF RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

Marie Thomas Benko

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

10-25-1889

7. AGE

YEARS

MONTHS

DAYS

IF LESS THAN 1

day, hrs.

or min.

40

11

5

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)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Pacenty Austria Hungary

10. NAME OF FATHER

Stephen Benko

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Pacenty Austria Hungary

12. MOTHER'S NAME OF MOTHER

Alberta Strapka

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Pacenty Austria Hungary

14. INFORMANT

(Address)

Marie Benko R 3 Farmington Mo

15. FILED

10-12-30

Wm A. Rott
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Sept 27 1930

17.

I HEREBY CERTIFY, That I attended deceased from

June, 1930, to Sept, 1930

that I last saw him alive on Sept, 1930, and that death occurred, on the date stated above, at 9:15 P.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Cancer Pylorus
year (duration) 1 yrs. 0 mos. 0 ds.

CONTRIBUTORY (SECONDARY)

144 (duration) 1 yrs. 0 mos. 0 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)

Emile M. Nanning, M. D.

9-28, 1930 (Address)

Farmington 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

DATE OF BURIAL

Catholic - Farmington

9-29 1930

20. UNDERTAKER

ADDRESS

Needest Wudko

Farmington Mo

1131