

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

Do not use this space.

1870

1. PLACE OF DEATH

County *Knox*

Registration District No. *444*

File No. _____

Township *Wynote*

Primary Registration District No. *56032*

Registered No. *2*

City _____

(No. _____)

St. _____

Ward _____

2. FULL NAME

Sarah Alice Benner

(a) Residence, No. _____

St. _____

Ward. _____

(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

4. COLOR OR RACE

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

Female white Married

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

Cris C. Benner

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

Apr 11 1877

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. _____ min.

23

9

10

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)

235

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Knox Co Mo

10. NAME OF FATHER

Michael Jett

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ky.

12. MAIDEN NAME OF MOTHER

Annanda B. Carney

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Clark, Co Mo

14. INFORMANT

(Address)

*Cris C. Benner
Knox City Mo*

15. FILED

Jan 22, 1931

J. R. M. Houtt

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Jan 21

1931

17.

I HEREBY CERTIFY, That I attended deceased from

Jan 19

1931

to *Jan 21*

1931

that I last saw her alive on *Jan 19* and that death occurred, on the date stated above, at *12:30 p.m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hemorrhage of the Brain

823

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. 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)

J. R. M. Houtt

M. D.

Jan 22, 1931

(Address)

Knox City 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

Knox City Cemetery

Jan 23 1931

20. UNDERTAKER

ADDRESS

Wm. H. Seeger & Son

Knox City 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.

