

MAR 27 1931

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

Do not use this space.

6904

1. PLACE OF DEATH

County St. Louis
Township Central
City Wellspring (No. 1514) Wallie Ave

Registration District No. 789
Primary Registration District No. 6033 B

File No.
Registered No. 57
St. Ward

2. FULL NAME

Nellie Benden

(a) Residence. No. 1514 Wallie Ave 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 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 Edward Benden

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 8, 1873.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 10 27 28

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) 301
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

10. NAME OF FATHER John Carbutt

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

12. MAIDEN NAME OF MOTHER Margaret O'Brien

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

14. INFORMANT Edward Benden
(Address) 1514 Wallie Ave.

15. FILED 2/7 19 31 Golla Tracy M.D. REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 5, 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan. 31, 1931, to Feb. 5, 1931, that I last saw him alive on Feb. 5, 1931, and that death occurred, on the date stated above, at 6.50 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
chronic Myocarditis

131
936
9312
CONTRIBUTORY (SECONDARY) acute cardiac dilatation
an-intestinal phlegm
(duration) yrs. mos. ds. 6

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH. same

DID AN OPERATION PRECEDE DEATH? 140 DATE OF a

WAS THERE AN AUTOPSY? 140

WHAT TEST CONFIRMED DIAGNOSIS clinical
(Signed) J. W. Davis, M. D.

Feb. 6, 1931. (Address) 1492 Hodiaman Ave.
*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 Calvary C.M. DATE OF BURIAL Feb. 9, 1931.

20. UNDERTAKER Jos. W. Clark ADDRESS 1125 Hodiaman

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

K. 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.

1492/10 di a. m. t. et