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

Do not use this space.

9455

File No.

Registered No. 6

1. PLACE OF DEATH

31 County CAPE GIRARDEAU Registration District No. 306

Township BOEUF Primary Registration District No. 5424

City (No. , St. Ward)

APR 21 1931

2. FULL NAME MILTON ERWIN BENZ

(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.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
MALE	WHITE	SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 22 1930

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	0	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (CITY OR TOWN) SWISS (STATE OR COUNTRY) R#1 MO 1

FATHER

13. NAME ERNST BENZ

14. BIRTHPLACE (CITY OR TOWN) GERMANY (STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME NEE SEWING

16. BIRTHPLACE (CITY OR TOWN) SWISS (STATE OR COUNTRY) R#1 MO 1

17. INFORMANT Ernest G. Benz
(ADDRESS) RR#1 SWISS MO

18. BURIAL, CREMATION, OR REMOVAL
PLACE STONY HILL DATE MAR. 14 1931

19. UNDERTAKER HERMAN BLUMER
(ADDRESS) BERGER MO

20. FILED 3-13 1931 John Engelbrecht Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 12 1931

22. I HEREBY CERTIFY, That I attended deceased from Mar. 7 1931 to Mar 12 1931
I last saw him alive on Mar. 12 1931. Death is said to have occurred on the date stated above, at 12:15 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchitis	
106 A	

Other contributory causes of importance: Same

Name of operation — Date of
What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury None, 19
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) John Engelbrecht, M. D.
(Address) Stony Hill, 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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD