

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.

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

Do not use this space.

20136

1. PLACE OF DEATH

County.....

Registration District No. 701

Township.....

Primary Registration District No. 501

City.....

File No.

Registered No. 6172

St. Ward)

2. FULL NAME

(a) Residence, No. 505 E Lockwood 12 Webster Groves
(Usual place of abode) (If nonresident, give city or town and State)Length of residence in city or town where death occurred yrs. mos. 2 / 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 Clarence R. De Witt

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 2 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or min.
43 1 2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Teaching(b) General nature of industry, business, or establishment in which employed (or employer) Principal College(c) Name of employer Brown Business

9. BIRTHPLACE (CITY OR TOWN) Wood
(STATE OR COUNTRY) Illinois

10. NAME OF FATHER Newton Benefield

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

12. MAIDEN NAME OF MOTHER Sarah Kitchen

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

14. INFORMANT Clarence R. De Witt
(Address) 505 E. Lockwood Ave

15. FILED 14-2 19 31 REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 30 19 31

17. I HEREBY CERTIFY, That I attended deceased from May 12, 1931, to May 30, 1931, that I last saw her alive on May 30, 1931, and that death occurred, on the date stated above, at 4:30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Streptococcus pneumoniae
lobar
108
1000
36 (duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) Streptococcus pneumoniae
infection secondary to hemorrhage (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? Yes DATE OF OPERATION May 20
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Laboratory & clinical
(Signed) George Rendleman, M. D.
, 19 (Address) 992 Arcade Bldg

*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 Cremation Valhalla DATE OF BURIAL June 2 19 31

20. UNDERTAKER Parker and Co ADDRESS Webster

Groves

