

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.

## 1. PLACE OF DEATH

County Jackson  
 Township Kaw  
 City Kansas City

Registration District No. 399Primary Registration District No. 1002(No. 3819 Bellefontaine)

31309

File No. 3819Registered No. 3819St. Ward2. FULL NAME Mrs. Lelia Benning(a) Residence, No. 3819 Bellefontaine St. 16 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 53 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) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 28th, 1867

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

64 3 16

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

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) (STATE OR COUNTRY) Missouri13. NAME W.W. Ballentine14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland15. MAIDEN NAME Mullins16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.17. INFORMANT Miss Judith Benning (ADDRESS) 3819 Bellefontaine

18. BURIAL, CREMATION, OR REMOVAL

PLACE Forest Hill DATE Sept. 16th, 193119. UNDERTAKER W.F. Mayberry (ADDRESS) City20. FILED 9-15- 1931 M. M. Grove Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 14th, 193122. HEREBY CERTIFY, That I attended deceased from Jan, 1927, to Sept 14, 1931I last saw him alive on Aug 25-, 1931. Death is said to have occurred on the date stated above, at 7 PM.

The principal cause of death and related causes of importance were as follows:

Pericarditis aneurysm

Date of onset

1927

Other contributory causes of importance:

71A

71A

Name of operation Physician's report Date Sept 14, 1931

What test confirmed diagnosis? Physician's report there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? — Date of injury —, 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 —Nature of injury —24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) E. H. Shuler, M. D.(Address) 806 Rialto Bldg700 Mo.

0162-300-101  
Cajon 130-14  
Vr 2966  
until 3PM.