

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

Do not use this space.

41993

1. PLACE OF DEATH

County St. Francois  
Township St. Francois  
City Flat River, Mo. (No. .... St. .... Ward)

Registration District No. 274  
Primary Registration District No. 6018B

File No. 249  
Registered No. ....

2. FULL NAME

John Noel Benham

(a) Residence, No. .... St. .... 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

M

4. COLOR OR RACE

W

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

Married

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

Denise Benham

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

Oct 26, 1863

7. AGE

YEARS

68

MONTHS

DAYS

11

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

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

machinist

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Bloomdale Mo.

FATHER

13. NAME

Joseph Benham

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

Kentucky

MOTHER

15. MAIDEN NAME

Margaret Mackler

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Ohio

17. INFORMANT (ADDRESS)

Ms. Denise Benham Flat River Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Woodlawn Cemetery DATE 12-7-31

19. UNDERTAKER (ADDRESS)

R. G. Caldwell Flat River Mo.

20. FILED

Dec 31 1931 W. J. Dwyer Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 7 - 1931

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 6:30 P.M.

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

By being struck by a Ford Coupe driven by Lyndell Pearson (Coroner Verdict)

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 12-7-31

Where did injury occur? on Flat River Mo.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Being struck by Ford Coupe

Nature of injury Broken legs & arm

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R. B. Spector Coroner

(Address) Decloge 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.

DEC 26 1931

WRITE PLAINLY, WITH OUTLINES

