

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.

24 1932

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

Do not use this space.

698

1. PLACE OF DEATH

37 County WASCONADE
Township ROARK
City (No.)

Registration District No. 303
Primary Registration District No. 8420

File No. _____
Registered No. 1
St. _____ Ward _____

2. FULL NAME

MARY BENSING
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) WIDOWED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF NICHOLAS BENSING
6. DATE OF BIRTH (MONTH, DAY AND YEAR) OCT-20-1856
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
75 2 14

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Wor
(b) General nature of industry, business, or establishment in which employed (or employer) ✓
(c) Name of employer ✓

9. BIRTHPLACE (CITY OR TOWN) HERMANN
(STATE OR COUNTRY) MO

10. NAME OF FATHER HENRY TINNEMEYER
11. BIRTHPLACE OF FATHER (CITY OR TOWN) GERMANY
(STATE OR COUNTRY) 10
12. MAIDEN NAME OF MOTHER UNKNOWN
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) GERMANY
(STATE OR COUNTRY) 10

14. INFORMANT EMIL BENSING
(Address) HERMANN, MO

15. FILED 1-4 1932 Wm. Rieckhoff
REGISTRAR

2. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 3rd 1932

I HEREBY CERTIFY, That I attended deceased from Dec 30 1931, to Jan 3 1932
that I last saw her alive on Dec 31 1931, and that death occurred, on the date stated above, at 2:10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

cerebral hemorrhage
92A (duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY (SECONDARY) arteriosclerosis
92A (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH at place of death

DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS physical
(Signed) John Engelbrecht, M. D.
(Address) St. Louis, Mo.

*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 BENSING FARM Cem. DATE OF BURIAL 1/5 1932

20. UNDERTAKER Hugo Blumer ADDRESS Herm.

