

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

WR 27 1933

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

Do not use this space.

4668

**1. PLACE OF DEATH**

County Cape Girardeau Registration District No. 125  
 Township 11 Primary Registration District No. 3009  
 City " (No. 312, Mason) St. 1 Ward

File No. \_\_\_\_\_  
 Registered No. 49

**2. FULL NAME**

Cornelia Bender  
 (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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>unmarried</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF <u>Louis W Bender Bro</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 18 - 1855</u>		
7. AGE	YEARS	MONTHS
	<u>77</u>	<u>4</u>
		DAYS
		<u>1</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife</u>	
	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) <u>Union Town Mo</u>	
FATHER	13. NAME <u>Godfried Hammann</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	15. MAIDEN NAME <u>Rosina Hoffmann</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	17. INFORMANT (ADDRESS) <u>MB Bender Cape Girardeau</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACED <u>Lamar's Cemetery Feb 22 1933</u>		
19. UNDERTAKER (ADDRESS) <u>Loring 971 Cape Girardeau Mo</u>		
20. FILED <u>7 20 1933</u> <u>Wokampfer</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 19 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 18, 1933, to Feb 19, 1933  
 I last saw him alive on Feb 18, 1933. Death is said to have occurred on the date stated above, at 12:30 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Paralysis (apoplexy)  
Arterio Sclerosis  
 Other contributory causes of importance:  
None

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was 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 R Schult, M. D.  
 (Address) Cape Girardeau, Mo

Date of onset  
Feb 16 1933

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.

WATER RESOURCES DIVISION

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REPORT OF THE DIRECTOR  
BUREAU OF LAND MANAGEMENT  
WASHINGTON, D. C.

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