

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

Do not use this space.

9042

1. PLACE OF DEATH

31 County Davis Registration District No. 252 File No. 1
 4 Township Primary Registration District No. 5357 Registered No. 22
 3 City Jamesport (No. St. Ward)

2. FULL NAME

Sarah Katherine Benchoten

(a) Residence, No. St. Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 46 yrs. 4 mos. 1 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 John Benchoten
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 13 1871
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 4 6

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tipton, Ind

13. NAME Andrew T. Adkins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) As good, Ind

15. MAIDEN NAME Mildred Meek

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Napoleon, Ind

17. INFORMANT (ADDRESS) Wm S. D. Kern Jamesport Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Jamesport Mo DATE Mar 8 1933

19. UNDERTAKER (ADDRESS) Ray C. Harris 43216 Juntura Mo

20. FILED Mar 7 1933 J. H. Hook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-7, 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-4, 1933, to 3-7, 1933

I last saw her alive on 3-6, 1933 Death is said

to have occurred on the date stated above, at 9 P. M.

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

Herminial Pneumonia Date of onset
11A
11B 11C
 Other contributory causes of importance:
Influenza

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? 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?

If so, specify

(Signed) L. O. Sparrer, M. D.
 (Address) Jamesport 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.

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