

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

Do not use this space.

MAY 22 1933

12537

1. PLACE OF DEATH

13
County Caldwell
Township
City Breckinridge (No.)

Registration District No. 9A
Primary Registration District No. 405B

File No.
Registered No.
St. Ward)

2. FULL NAME

Lucinda Ida Benson

(a) Residence, No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 62 yrs. 3 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident, give city or town and State)

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>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Benson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 26 1870</u>		
7. AGE	YEARS <u>62</u>	MONTHS <u>3</u>
	DAYS <u>17</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>Housewife</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>Breckinridge Mo.</u>		
MOTHER	13. NAME <u>Thomas Gray</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Carroll Co. Mo.</u>	
	15. MAIDEN NAME <u>Mellisia Stanley</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Carroll Co. Mo.</u>	
17. INFORMANT <u>Paul G. Benson</u> (ADDRESS) <u>Breckinridge Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Saint Cemetery</u> DATE <u>Apr. 14 1933</u>		
19. UNDERTAKER <u>A. McPeck</u> (ADDRESS) <u>Breckinridge Mo.</u>		
20. FILED <u>May 3 1933</u> <u>E. A. Thompson M.D.</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 12 1933

22. I HEREBY CERTIFY, that I attended deceased from April 10 1933 to April 12 1933
I last saw her alive on April 12 1933 Death is said to have occurred on the date stated above, at 6 A. m.
The principal cause of death and related causes of importance were as follows:
Sobor pneumonia
108 108
Date of onset Apr 9 1933

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Dysentery 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? No
If so, specify
(Signed) A. B. Wilsey M. D.
(Address) Breckinridge Mo.

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

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.

