

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

Do not use this space.

22650

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File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH  
County Cole Registration District No. 2, 3  
Township \_\_\_\_\_ Primary Registration District No. 3014  
City Jefferson City (No. 1318 E., Miller St., St. \_\_\_\_\_ Ward \_\_\_\_\_)

2. FULL NAME Henry Albert Benne  
(a) Residence, No. 1318 E. Miller St., 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF Katherine Benne  
(OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 22 - 1892

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	41	4		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) Centertown  
(STATE OR COUNTRY) Mo.

FATHER  
13. NAME Ernest Benne  
14. BIRTHPLACE (CITY OR TOWN) Germany  
(STATE OR COUNTRY) \_\_\_\_\_

MOTHER  
15. MAIDEN NAME Rosen  
16. BIRTHPLACE (CITY OR TOWN) Germany  
(STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT Katherine Benne  
(ADDRESS) 1318 E. Miller St.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE ST. Peters DATE 7/24/33 19. \_\_\_\_\_

19. UNDERTAKER Heinrichs Funeral Home  
(ADDRESS) Jefferson City

20. FILED 7/27/33 19. \_\_\_\_\_  
J. C. Bedford  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7 / 22 / 33 19. \_\_\_\_\_

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19. \_\_\_\_\_, to \_\_\_\_\_, 19. \_\_\_\_\_  
I last saw h. \_\_\_\_\_ alive on July 22, 19. ~~33~~ Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
The principal cause of death and related causes of importance were as follows:  
Uremia  
23A  
26  
30  
Other contributory causes of importance:  
Tuberculosis kidneys  
tuberculosis spine  
tuberculosis lungs

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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) J. C. Bedford, M. D.  
(Address) J. C. Bedford

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.

AUG 22 1933

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