

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 26 1933

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

Do not use this space.

1. PLACE OF DEATH

County Pike
Township Buffalo
City Camden (No. 1403, South Camden St. 4 Ward)

Registration District No. 689
Primary Registration District No. 2033

File No. 24074
Registered No. 4

2. FULL NAME

(a) Residence, No. 1403 South Camden St., 4 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 45 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 Frank Benjamin
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 18-1860
7. AGE YEARS 73 MONTHS 4 DAYS 10 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
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) Shoeburyness Mo

13. NAME Frank Benjamin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

15. MAIDEN NAME Kate Hoffman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

17. INFORMANT (ADDRESS) Myrona Pitman
Louisiana Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Union - La Mo DATE July 31, 1933

19. UNDERTAKER (ADDRESS) W. B. Dugan
Camden Mo

20. FILED 7-29, 1933 J. O. Haugh Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-28, 1933

22. I HEREBY CERTIFY, That I attended deceased from

19..... to 19.....
I last saw her alive on 7-28, 1933. Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:
Concussion of Stomach
4:00
46

Date of onset

Other contributory causes of importance:

Name of operation None Date of no

What test confirmed diagnosis? Culture Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury 19.....
Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none

Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify no
(Signed) W. B. Dugan, M. D.
(Address) Camden Mo

