

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

Do not use this space.

41703

PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. 701
Primary Registration District No. 13

File No.....
Registered No. 10738 Ward

2. FULL NAME

(a) Residence, No. Emelia Bennesen
(Usual place of abode)

St. 19 Ward. Bloomfield Mo.

(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 7 | 4. COLOR OR RACE White | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Soran Bennesen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-12-1894

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
59 - 1

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

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) Sweden

MOTHER 13. NAME Mather Mahanson | 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden

MOTHER 15. MAIDEN NAME Ellen Magnusen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden

17. INFORMANT Soran Bennesen
(ADDRESS) Bloomfield Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bloomfield Mo 12-15 1933

19. UNDERTAKER Charles H. H. Co.
(ADDRESS) Bloomfield Mo.

20. FILED 1933 J. H. Stebeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 13 1933

22. I HEREBY CERTIFY, That I attended deceased from November 27, 1933, to December 13, 1933

I last saw her alive on December 13, 1933 Death is said to have occurred on the date stated above, at 10:10 A.M.

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

Pneumonia (Broncho) Date of onset 12/11/33

46 B
109 A
118 B

Other contributory causes of importance: Cancer Stomach ?

Name of operation Anterior Gastro Enterostomy Date of 12-6-33

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) J. T. Amey, M. D.

(Address) Barnard Skin & Cancer Hosp.

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

NOTE: 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.

6 1934

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