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.

# MISSOURI STATE BOARD OF HEALTH
## BUREAU OF VITAL STATISTICS
### CERTIFICATE OF DEATH 85

Do not use this space.

File No. 12027
Registered No. 507

MAY 25 1934

1. PLACE OF DEATH
County Buchanan, Registration District No. 1001
Township Primary Registration District No. 1001
City St. Joseph, (No. 2842 Angelique St. Ward)

2. FULL NAME Alice Viola Benjamin,
(a) Residence, No. 2842 Angelique St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 30 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: Emery W. Benjamin,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 30, 1856
7. AGE: Years 77 | Months 8 | Days 28 | If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeping
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home,
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): Columbus, Ohio,

FATHER
13. NAME: Amos Whitham
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown,

MOTHER
15. MAIDEN NAME: Hester Ann Ellis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Ohio.

17. INFORMANT Miss Coral Benjamin
(ADDRESS) 2842 Angelique St.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Ashland Cem. DATE April 30, 1934
19. UNDERTAKER Heaton-Belsch-Bowman
(ADDRESS) 319 S. 10th St. Funeral Home
20. FILED MAY 28 1934 John R. Bender Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 28, 1934
22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1933, to Apr. 28, 1934
I last saw her alive on Apr. 27, 1934. Death is said to have occurred on the date stated above, at 4:30 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | Jan. 1933 |
| ARD | |
| UPA | |
| UCA | |
| SPA | |

Other contributory causes of importance:
Hypertension, Arteriosclerosis
Myocarditis,

Name of operation None 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? no
If so, specify
(Signed) T. L. Bowden, M. D.
(Address) Kirkpatrick Bldg. Saint Joseph Mo