

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

Do not use this space.

1. PLACE OF DEATH

County Pike Registration District No. 689
Township Buffalo Primary Registration District No. 3033
City Louisiana (No Pike County Hospital)

File No. 25946
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Olaus Patri Benning

(a) Residence, No. _____ St. 9 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 (or) WIFE OF Lena Benning

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5/22/1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 2 4

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

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) Missouri

MOTHER FATHER 13. NAME Levi F. Benning

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

15. MAIDEN NAME Louisa Hedrick

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

17. INFORMANT (ADDRESS) Marie Benning Louisiana Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Charles DATE 7-28, 1934

19. UNDERTAKER (ADDRESS) St. Charles Mo

20. FILED 7-26 1934 St. Charles Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-26-1934

22. I HEREBY CERTIFY, That I attended deceased from 7-2-34, 1934, to 7-26, 1934

I last saw him alive on 7-26, 1934 Death is said to have occurred on the date stated above, at 6:30 AM

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

Acute Uremia Date of onset 7-2-34
Chronic Glomerular Nephritis?
General Arterio Sclerosis
Hypertension
Name of operation None
What test confirmed diagnosis Clinical + Laboratory 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? No.

If so, specify _____

(Signed) Robert L. Swearing M. D.
(Address) Louisiana Mo

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.

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