

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

Do not use this space.

JAN 10 1935

44178

1. PLACE OF DEATH
94 County St. Clair Registration District No. 763
Township Butler Primary Registration District No. 6005
near Louisa City, Mo. (No. _____ St. _____ Ward _____)

2. FULL NAME Mary Cressie Benigar.
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 25 yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

1 MEDICAL CERTIFICATE OF DEATH

3. SEX Female 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 - Joshua R. Benigar.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 17, 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
56 2 13

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) Urich Mo (STATE OR COUNTRY) Mo

MOTHER FATHER
13. NAME Zachary Taylor
14. BIRTHPLACE (CITY OR TOWN) North Carolina (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Maqqe Elder.
16. BIRTHPLACE (CITY OR TOWN) Urich (STATE OR COUNTRY) Missouri

17. INFORMANT Ethel Benigar (ADDRESS) Louisa City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Louisa City Cemetery DATE 12/31/1934

19. UNDERTAKER H. F. Austin (ADDRESS) Louisa City Mo

20. FILED 12/31 1934 Leo S. Wright Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/30/34

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1934, to Jan 30, 1935
I last saw him alive on Dec 27, 1934. Death is said to have occurred on the date stated above, at 3:15 A.M.
The principal cause of death and related causes of importance were as follows:
Cancer uterus
48
Date of onset

Other contributory causes of importance:

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) C. S. Stratter, M. D.
(Address) Louisa City 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.

