

NOV 18 1935

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

Do not use this space.

35012

1. PLACE OF DEATH

County Adair
Township
City Marionville (No. , ,)

Registration District No. 4
Primary Registration District No. 3001

File No.
Registered No. 203 St. Ward

2. FULL NAME Miss Erika Bengland

(a) Residence, No. 216 E. Harrison St., 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 M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-12-1875

7. AGE YEARS 60 MONTHS 8 DAYS 22 If LESS than 1 day, hrs. or min.

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

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) Stockton Sweden

13. NAME Un known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Un known

15. MAIDEN NAME Un known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Un known

17. INFORMANT Georgia Bengland (ADDRESS) West Plains Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Home DATE 11-6- 1935

19. UNDERTAKER Dr. Miles (ADDRESS) Richwood Mo.

20. FILED Nov 6 1935 Spencer Freeman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 17, 1935, to Nov 4, 1935

I last saw h. alive on Nov 4, 1935 Death is said to have occurred on the date stated above, at 1:30 m.

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

Cancer of stomach

Date of onset 1/27/35

Other contributory causes of importance: none

Name of operation none Date of

What test confirmed diagnosis? Xray 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) J. J. King, M. D.

(Address) P.O. W. Patterson
Marionville, Missouri

MARGIN RESERVED FOR BINDING

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.

V. S. NO. 2
1001-3-29-35

