

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.

JAN 17 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

40150

27. PLACE OF DEATH
 County Lincoln Registration District No. 486
 Township Elkhart Primary Registration District No. 4293
 City Elkhart (No. _____ St. _____ Ward _____)
 1 2 3
 2. FULL NAME Mary Kathryn Benear
 (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 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) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 16, 1891
 7. AGE YEARS 44 MONTHS 8 DAYS 8 If LESS than 1 day, _____ hrs. _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
 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) Elkhart (STATE OR COUNTRY) Indiana
 13. NAME A. D. Benear
 14. BIRTHPLACE (CITY OR TOWN) V.A. (STATE OR COUNTRY) _____
 15. MAIDEN NAME Mary K. Watts
 16. BIRTHPLACE (CITY OR TOWN) Elkhart (STATE OR COUNTRY) Indiana
 17. INFORMANT Mrs. Benear (ADDRESS) St. Louis Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE New Hope Mo DATE Dec 26 1935
 19. UNDERTAKER W. B. Bradley (ADDRESS) Elkhart
 20. FILED 1-10 1936 C. E. Powell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 24th 1935
 22. I HEREBY CERTIFY, That I attended deceased from Dec. 21, 1935, to Dec. 24, 1935.
 I last saw him alive on Dec. 24, 1935. Death is said to have occurred on the date stated above, at 11 A.
 The principal cause of death and related causes of importance were as follows:
Chronic nephritis
 Date of onset _____
 Other contributory causes of importance:
Influenza 4 Days duration,
 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. E. Powell, M. D.
 (Address) Elkhart, Mo.

