

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

Do not use this space.

4595

MAR 16 1936

**1. PLACE OF DEATH**

County Buchanan, Registration District No. 85  
 Township \_\_\_\_\_ Primary Registration District No. 1001  
 City St. Joseph, (No. Missouri, Methodist Hospital, St. \_\_\_\_\_ Ward \_\_\_\_\_)

File No. \_\_\_\_\_  
 Registered No. 139

**2. FULL NAME** Mary Florence Benham

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. DeKalb, Mo.  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 16 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 Milton Benham,  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 21, 1865  
 7. AGE YEARS 70 MONTHS 4 DAYS 11 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) Sept. 1, 1936. 11. Total time (years) spent in this occupation 40

MOTHER FATHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Missouri,  
 13. NAME David V. Stone,  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Tennessee,  
 15. MAIDEN NAME Mary E. Brumley,  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Illinois,  
 17. INFORMANT (ADDRESS) P. E. Stone, DeKalb, Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Sugar Creek Cem. DATE Feb. 5th, 1936

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 2<sup>nd</sup>, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1936, to Feb 2<sup>nd</sup>, 1936  
 I last saw him alive on Feb 2<sup>nd</sup>, 1936. Death is said to have occurred on the date stated above, at 3:20 p. m.

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

Oedema of Lungs  
Stenosis  
1936  
 Other contributory causes of importance: Fracture of femur (rt)

Date of onset 1-29-36  
1-31-36

Name of operation None Date of None  
 What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? acc Date of injury Jan 18, 1936  
 Where did injury occur? DeKalb - 7th & Buchanan  
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home  
 Manner of injury Fall  
 Nature of injury Fracture of thigh

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_  
 (Signed) Paul Ingraham, M. D.  
 (Address) St. Joseph, Mo.

19. UNDERTAKER Heaton, Behle & Bowman  
 (ADDRESS) 519 So. 10th St. Central Home  
 20. FILED 2-5 1936 John R. Bender, Registrar.

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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