

APR 20 1936

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

Do not use this space.

11208

1. PLACE OF DEATH

County *Gasper*  
Township *Gasper*  
City *Gasper* (No. *Freeman Hospital*)

Registration District No. *411*  
Primary Registration District No. *2002*

File No. ....  
Registered No. ....  
St. .... Ward)

2. FULL NAME

*Helen Virginia Benton*  
(a) Residence, No. *2319 Maffett* 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

MEDICAL CERTIFICATE OF DEATH

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 26, 1936*

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

22. I HEREBY CERTIFY That I attended deceased from *Jan 20* 19*36* to *Mar 26* 19*36*  
I last saw h. alive on *Mar 26* 19*36*. Death is said to have occurred on the date stated above, at *8:15 A.* m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 23 1901*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
*34* *8* *3*

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *at home*  
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

*Carcinoma uterine unable to date date of onset*  
Other contributory causes of importance: *Secondary Anemia*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Marshall Ark*

13. NAME *William Hudson*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ark.*

15. MAIDEN NAME *Emma Whitlock*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Tenn*

17. INFORMANT (ADDRESS) *Fenley Benton*

18. BURIAL (CITY OR TOWN) OR REPOSE *Edwards Memorial* DATE *March 28 1936*

19. UNDERTAKER (ADDRESS) *Samuel Martman*

20. FILED *3-27-36* *Ed. James* Registrar.

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) *J. G. Hayes M.D.*  
*798 Lucas Bldg* M. D.  
(Address) *Gasper Mo*

Every item of information should be carefully supplied. AGE should be stated EXACTLY. OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 2 1950