

MAY 28 1936

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

Do not use this space.

18265

1. PLACE OF DEATH

County Sullivan
Township Clay
City Newtown (No.)

Registration District No. 853
Primary Registration District No. 4519

File No.
Registered No. 6
St. Ward)

2. FULL NAME Chloe Emmaline Benson

(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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 Richard C. Benson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 25th 1886

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
49 10 11

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) (STATE OR COUNTRY) Newtown, Mo.

FATHER 13. NAME Joseph Michael
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Decater Co. Ind.

MOTHER 15. MAIDEN NAME Samantha Niccum
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Decater Co. Ind.

17. INFORMANT R.C. Benson Newtown, Mo.
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Newtown, Mo. DATE 4/8/36 19.

19. UNDERTAKER Otto H. Reed Newtown, Mo.
(ADDRESS)

20. FILED Apr. 10, 1936 Ruth Henderson Tucker
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1935 to Apr 6, 1936
I last saw him alive on April 6, 1936. Death is said to have occurred on the date stated above, at 11 A. m.
The principal cause of death and related causes of importance were as follows:

Acute Parenchymatous Nephritis
Date of onset June 20, 1935
about

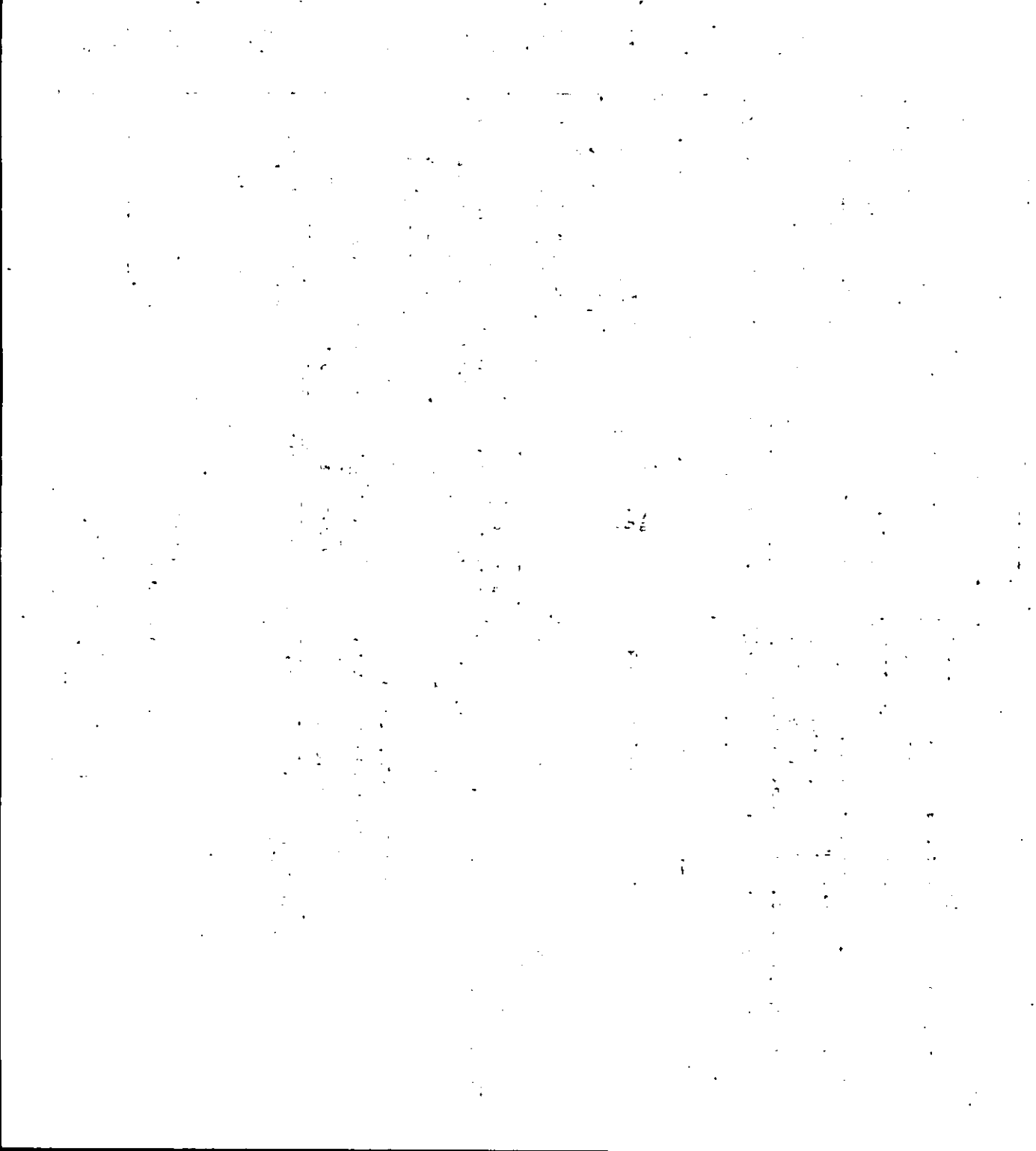
Other contributory causes of importance:

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) A. W. Widmer, M. D.
(Address) Newtown Mo



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BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County Sullivan
Township Bay
City Newtown (No., St. Ward)

Registration District No. 853
Primary Registration District No. 45-19

File No.
Registered No.

2. FULL NAME

Chloe Emmaline Benson

(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49 10 11

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

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED Apr. 10 1936 Ruth Henderson Tucker Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 6 1936

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw him alive on 19..... Death is said

to have occurred on the date stated above, at m.

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

acute nephritis Date of onset

thought to have been

of gonorrheal infection?

Other contributory causes of importance: Malady

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external cause (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) A. W. Widner, M. D.

(Address) Newtown

SUPPLEMENT

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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