JUL 27 1936

85

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

Do not use this space.

25117

1. PLACE OF DEATH

County St. Louis Co. Registration District No. 116 c

Township Primary Registration District No. 4470

City University City (No. Mo. 6910 Amherst St. Ward)

File No.

Registered No. 77

2. FULL NAME Florence Benham Dean

(a) Residence, No. Ithaca New York St., Ward. Ithaca New York
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Fem.	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 25 1865

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
71	2	26	

OCCUPATION

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

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)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ithaca New York.

FATHER

13. NAME Samuel G. Benham

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ithaca New York.

MOTHER

15. MAIDEN NAME Elozia F. Clough

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Danby New York.

17. INFORMANT Mrs. W. W. Watts
(ADDRESS) 6910 Amherst Ave. U.City

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ann Arbor Mich. DATE June 23 1936

19. UNDERTAKER Alexander and Sons
(ADDRESS) 6175 Delmar Blvd.

20. FILED June 22, 1936 Lena V. Moeller
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

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

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4 P. m.

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

	Date of onset
Chr. myocarditis	
" generalized arteriosclerosis	
Chr. coronary sclerosis	

Other contributory causes of importance:

Angina pectoris
Recent attack
Senility.

Name of operation ..... Date of .....

What test confirmed diagnosis? Coroner's Office 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? .....

If so, specify .....

(Signed) Peter S. Turner 6/22/36, M. D.

(Address) 5718 Jennings St.

Coroner St. Louis Co., Mo.

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.