

NOV 27 1936

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County Osborne  
 Township Carman  
 City Boonville (No. \_\_\_\_\_)

Registration District No. 305  
 Primary Registration District No. 5421

37318

File No. 26  
 Registered No. 26  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

Length of residence in city or town where death occurred 58 yrs. 2 mos. 10 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) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edward Beniche  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-24-1878  
 7. AGE YEARS 58 MONTHS 2 DAYS 10 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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. X  
 10. Date deceased last worked at this occupation (month and year) 12-5-35 11. Total time (years) spent in this occupation \_\_\_\_\_

MOTHER FATHER

12. BIRTHPLACE (CITY OR TOWN) Boonville Mo (STATE OR COUNTRY)13. NAME John W Brown14. BIRTHPLACE (CITY OR TOWN) Virginia (STATE OR COUNTRY)15. MAIDEN NAME Elizabeth Rogers16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)17. INFORMANT Edw Beniche (ADDRESS) Boonville Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Walton Burial Co DATE 10-6 193619. UNDERTAKER E. Meyer (ADDRESS) Boonville Mo20. FILED 10-12 1936 J. J. Ferrell Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-4, 1936

22. I HEREBY CERTIFY, That I attended deceased from December 10, 1935 to October 11, 1936  
 I last saw her alive on Sept. 30, 1936 Death is said to have occurred on the date stated above, at 9:30 a.m.  
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhages  
(Repeated Hemorrhages)

Date of onset

Dec  
12-5-36

Other contributory causes of importance:

Chronic Cerebral Inflammation  
arteriosclerosis

Jan  
1936

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 whether injury occurred in industry, at home, or in public place. \_\_\_\_\_

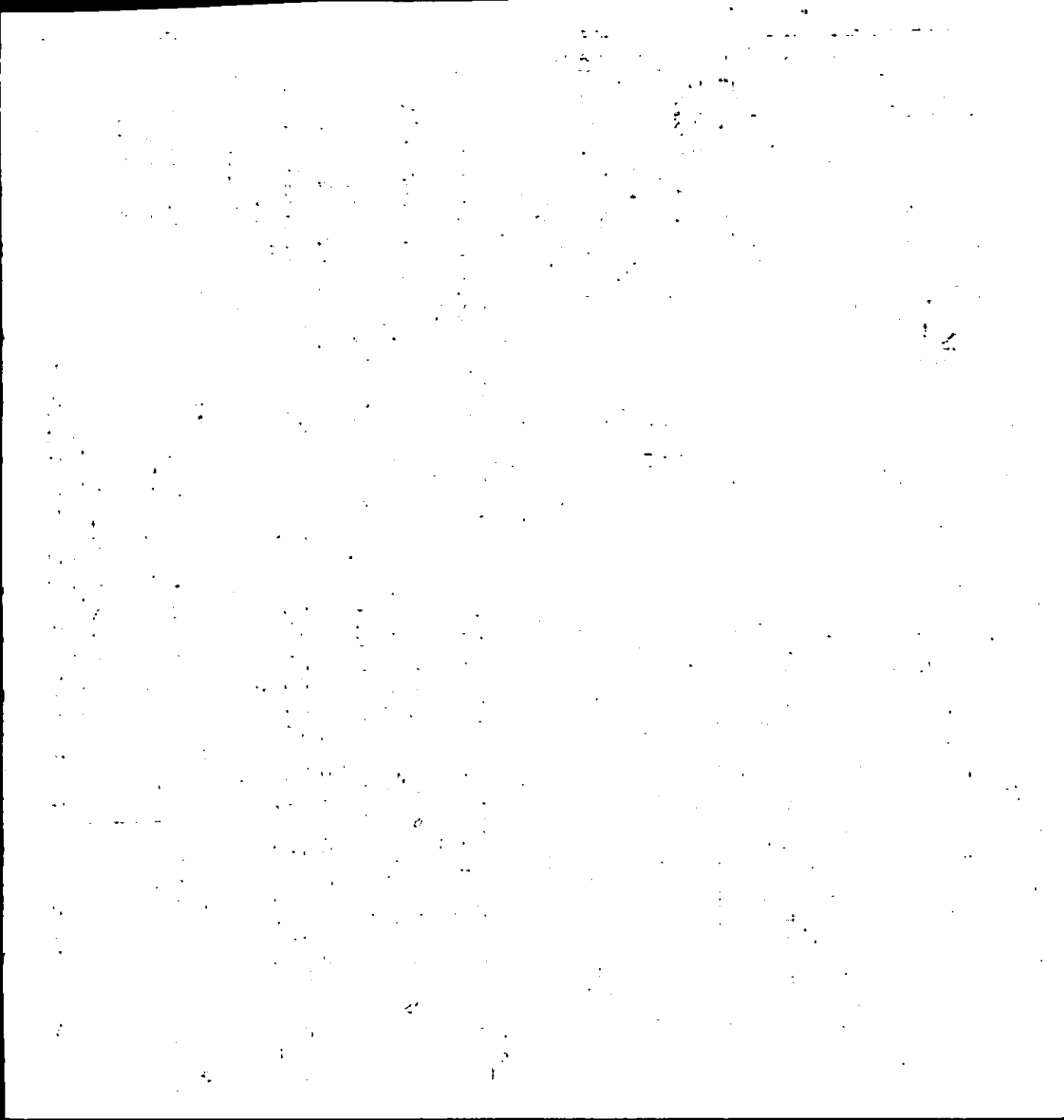
Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) W. P. Fitzgerald, M. D.(Address) Boonville, Mo.



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

Do not use this space.

**1. PLACE OF DEATH**

County Gasconade

Registration District No. 305-

File No. \_\_\_\_\_

Township Canon

Primary Registration District No. 3422

Registered No. 25

City \_\_\_\_\_ (No. \_\_\_\_\_, St. \_\_\_\_\_ Ward \_\_\_\_\_)

**2. FULL NAME** Caroline Bencke

(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 7 4. COLOR OR RACE M. 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 day or min. |
|--------|-----------|----------|-----------|--------------------------|
|        | <u>58</u> | <u>2</u> | <u>10</u> |                          |

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.

19. UNDERTAKER (ADDRESS)

20. FILED 10-12 19 36 J. F. Ferrell Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-4 1936

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 \_\_\_\_\_ m.

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

Cerebral Hemorrhage Date of onset \_\_\_\_\_

Chronic Nephritis

Other contributory causes of importance: Chronic renal inflammation

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) H. P. Fitzgerald, M. D.

(Address) Gasconade Mo

S-37312

RECEIVED  
JAN 18 1968