

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.

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

Do not use this space.

NOV 27 1936

37321

1. PLACE OF DEATH

County Cass

Registration District No. 306

Township Bacon

Primary Registration District No. 5424

City Wasson

(No. , Ward)

File No. _____

Registered No. 8

St. _____ Ward _____

2. FULL NAME Maria Benz

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

Length of residence in city or town where death occurred 46 yrs. 1 mos. 0 ds.

(If nonresident, give city or town and State) W. Va. 12 mos. 2 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <u>Joseph Benz</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 6th 1857</u>		
7. AGE <u>79</u>	YEARS <u>2</u>	MONTHS <u>8</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		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) <u>Oberkenningen</u> (STATE OR COUNTRY) <u>Wuerttemberg Germany</u>		
13. NAME <u>Johann Georg Fischases</u>		
14. BIRTHPLACE (CITY OR TOWN) <u>Oberkenningen</u> (STATE OR COUNTRY) <u>Wuerttemberg Germany</u>		
15. MAIDEN NAME <u>Maria Barbara Heibforth</u>		
16. BIRTHPLACE (CITY OR TOWN) <u>Oberkenningen</u> (STATE OR COUNTRY) <u>Wuerttemberg Germany</u>		
17. INFORMANT <u>E. G. Benz</u> (ADDRESS) <u>SWISS R. 1 Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Stony Hill</u> DATE <u>Oct 16</u> , 19 <u>36</u>		
19. UNDERTAKER <u>HERMAN BLUMER</u> (ADDRESS) <u>BERGER, MO</u>		
20. FILED <u>10, 14, 1936</u> <u>John Engelbrecht</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 14th 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 16, 1935, to Oct. 14, 1936.
I last saw him alive on Oct. 14, 1936. Death is said to have occurred on the date stated above, at 8:48 A. M.

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

Arteriosclerosis

Date of onset
Unknown
even

Other contributory causes of importance:

Abdominal growth right side cannot give history of same or no request for post
Name of operation None Date of operation None
What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? E 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? No

If so, specify _____

(Signed) John Engelbrecht, M. D.

(Address) Stony Hill, Mo.

