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.

DEC 4 1936

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

Do not use this space.

1. PLACE OF DEATH
County Wayne
Township Benton
City Piedmont No. St. Ward)

Registration District No. 891
Primary Registration District No. 4540

File No. 40193
Registered No. 28

2. FULL NAME Steve Benscek
(a) Residence, No. Bakers State Park 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. 9 mos. ds. How long in U. S., if of foreign birth? DK yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
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 D.K.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dont Know
7. AGE YEARS 64 MONTHS DAYS If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Head Cook
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bakers St. Park
10. Date deceased last worked at this occupation (month and year) 1936
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

FATHER
13. NAME DK
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DK

MOTHER
15. MAIDEN NAME D.K.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DK

17. INFORMANT (ADDRESS) Steve Benscek
18. BURIAL, CREMATION, OR REMOVAL
PLACE Removed DATE 10-7-1936
19. UNDERTAKER (ADDRESS) Fisher Undertaking Co. Piedmont
20. FILED 10-8-1936 T.C. Piles MD Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-7-1936
22. I HEREBY CERTIFY, That I attended deceased from 10-5-1936, to 10-7-1936
I last saw him alive on 10-6-1936 Death is said to have occurred on the date stated above, at 6:30 P.m.
The principal cause of death and related causes of importance were as follows: Lobar Pneumonia

Date of onset

Other contributory causes of importance: Nephritis

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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) T. C. Piles, M. D.
(Address) Piedmont, Mo.

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