

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.

FEB 25 1937

1. PLACE OF DEATH

County Jackson
Township New
City Keokuk (No. St. Marys Hospital)

Registration District No. 399
Primary Registration District No. 1002

1259
File No.
Registered No. 50
St. Ward

2. FULL NAME

Mrs. Marie Benjes
(a) Residence, No. 921 N. 42d St., Ward.

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. (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 August Benjes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 11-1877

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
59 10 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. N. N.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
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) Doeroverden, Germany

13. NAME Henry Fricke 10

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

15. MAIDEN NAME Marie Stegmann

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

17. INFORMANT August Benjes (ADDRESS) 921 N. 42d

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Jan 7 1937

19. UNDERTAKER Wagner Funeral Home (ADDRESS) 204 N. Leonard

20. FILED 1-5 1937 M. M. Crowe Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 4 1937

22. I HEREBY CERTIFY that I attended deceased from Nov. 5 1936 to Jan 4 1937
I last saw h. alive on Jan 4 1937. Death is said to have occurred on the date stated above, at 5:45 p.m.
The principal cause of death and related causes of importance were as follows:

Malignancy of x. ovary postoperative shock.

Other contributory causes of importance
WA

Name of operation Explor. Laparot. Date of 1-2-37
What test confirmed diagnosis? biopsy 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? no
If so, specify M. Benjes M. D.
(Signed) 108 Bureau Bldg NEW (Address)

M. Reesender

Bryant Nuron Bq.

Dr 10478