

APR 21 1937

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

Do not use this space.

1. PLACE OF DEATH

County Putnam
Township Marceline
City Marceline (No. 1 St. 1 Ward)

Registration District No. 502
Primary Registration District No. 4305

File No. 12497
Registered No. 17

2. FULL NAME

Emma Lydia Benedict
(a) Residence, No. 1 St. 1 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 1 mos. 1 ds. How long in U. S., if of foreign birth? 1 yrs. 1 mos. 1 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Don't know
7. AGE YEARS (about 50) MONTHS 0 DAYS 0 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. at home
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) at home 11. Total time (years) spent in this occupation at home

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chicago Ill.
13. NAME Joseph P Benedict
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Australia
15. MAIDEN NAME Anna Barton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Australia

17. INFORMANT Miss Lillie Benedict (ADDRESS) Marceline Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mason Ceme DATE Mar 8 1937

19. UNDERTAKER Jas M. Hargrave (ADDRESS) Marceline Mo

20. FILED 3/8 1937 Clara B. Bennett Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 5 193722. I HEREBY CERTIFY, That I attended deceased from Jau, 1937, to Mar 5, 1937

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 12:00 m.

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

Date of onset

Atrophic Retinal Sclerosis

Other contributory causes of importance: gla

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

What test confirmed diagnosis? Lab. Exam 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? no

If so, specify.....

(Signed) J. P. Clautwell, M. D.(Address) Bucklin Mo.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

