JUL 27 1937

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

Do not use this space.

23535

1. PLACE OF DEATH
County Cooper
Registration District No. 218
File No.
Township
Primary Registration District No. 3015
Registered No. 41
City Boonville Mo (Ward) St.

2. FULL NAME Nadine Benton
(a) Residence, No. N. Water Street 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 Female
4. COLOR OR RACE Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Herbert Benton
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 7-1893
7. AGE YEARS 44 MONTHS 3 DAYS 5 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
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) Cooper Co Mo.

FATHER
13. NAME John Lewis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Catherine H. Hams
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Herbert Benton N Water St Boonville Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Boonville City DATE June 14 1937
19. UNDERTAKER (ADDRESS) J. Meister 6 Morgan
20. FILED June 15 1937 D. G. Hooper Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 22, 1935, to June 13, 1937
I last saw her alive on 6-3-37 Death is said to have occurred on the date stated above, at 12 05 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lymphogranuloma inguinale	?
intestinal & vesicovaginal	
fistular & wound	
hemorrhage (oozing)	
Other contributory causes of importance:	
Latent syphilis	?
Fibroid uterus	?

Name of operation None Date of
What test confirmed diagnosis? Frig & lab 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) G. A. Winn, M. D.
(Address) Boonville, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.