

REC'D FEB 16 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County MonroeTownship MyrtleCity Monroe City(No. 560)Registration District No. 444Primary Registration District No. 4262File No. 2786Registered No. 1St. Mo.Ward 1

2. FULL NAME

(a) Residence, No. 1St. Mo.Ward. 1

(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

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

(OR) WIFE OF

Edmund Franklin Benner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

June 27 1855

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

83427

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

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)

BlandvilleIll.

FATHER

13. NAME

Jackson Veal

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

Ill.

MOTHER

15. MAIDEN NAME

Jimmie Hanlon

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

Ill.

17. INFORMANT (ADDRESS)

E. Ray Benner

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Bel Ridge

DATE

Jan 26 1939

19. UNDERTAKER (ADDRESS)

Lucas & Walter
Monroe City Mo.

20. FILED

Jan 26 1939J. R. Northcutt
Registrar

MEDICAL CERTIFICATE OF DEATH

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

Jan 24 1939

22. I HEREBY CERTIFY, That I attended deceased from

March 2 1938, to Jan 24 1939I last saw him alive on Jan 24 1939 Death is saidto have occurred on the date stated above, at 7 P m.

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

Myocarditis

Date of onset

Other contributory causes of importance:

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) Paul M. Reynolds, M. D.(Address) Monroe City Mo.

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.

