

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

Do not use this space.

44373

1. PLACE OF DEATH

County Putnam

Registration District No. 718

Township 1

Primary Registration District No. 6830

City Unionville

(No. 1)

File No. 44

Registered No. 44

St. Mo.

Ward 1

2. FULL NAME

Ma Linda Julian Bender

(a) Residence, No. 536

St. Mo.

Ward. 1

(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

W.

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

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Charles L. Bender

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

Aug 28 - 1857

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

82

3

5

OCCUPATION

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

Homework

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)

FATHER

13. NAME

Frances Castle

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

15. MAIDEN NAME

Lutha Pearson

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

17. INFORMANT (ADDRESS)

Mrs Jessie Lucas

18. BURIAL, CREMATION, OR REMOVAL

PLACE Removal

DATE Dec 3

1939

19. UNDERTAKER (ADDRESS)

W. W. Hallum

20. FILED

Dec 4 1939

Registrar

MEDICAL CERTIFICATE OF DEATH

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

Dec 3 1939

22. I HEREBY CERTIFY, That I attended deceased from

Nov. 28 1939 to Dec 3 1939

I last saw her alive on Dec 3 1939 Death is said

to have occurred on the date stated above, at 2:10 A.M.

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

Coronary Thrombosis

Date of onset 12/4/39

Other contributory causes of importance:

Cardiovascular disease

Name of operation

none

Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury no

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)

W. W. Hallum

(Address)

Unionville, Mo.

RECEIVED

District Health Officer No. 10

District File Number 1-40-126

Date Filed JAN 10 1940

Embalmer for - Muel & Hurstid  
Mo State License No 3304