

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.

94  
20  
1  
Haw

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

Do not use this space.

REC'D MAY 24 1938

15720

1. PLACE OF DEATH

County St. Francois  
Township Forty  
City Bonne Terre, Mo. (No. \_\_\_\_\_)

Registration District No. 775  
Primary Registration District No. 6020-A

File No. \_\_\_\_\_  
Registered No. 34 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Harrietta Ann Benham 550

(a) Residence, No. Bonne Terre, Mo. Ward \_\_\_\_\_

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Joseph Marion Benham</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 14, 1854</u>		
7. AGE	YEARS <u>84</u>	MONTHS <u>0</u>
	DAYS <u>29</u>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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 <u>0</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Perry County, Missouri</u>		
FATHER	13. NAME <u>Joseph Clansford</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
	15. MAIDEN NAME <u>Unknown</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
	17. INFORMANT (ADDRESS) <u>John Benham, 101st River, Mo.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Joseph Cemetery</u> DATE <u>4/15 38</u>		
19. UNDERTAKER (ADDRESS) <u>Benham &amp; Co., Bonne Terre, Mo.</u>		
20. FILED <u>Apr. 15, 1938</u> <u>N. W. Hawkins</u> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 13, 1938 to April 13, 1938  
I last saw her alive on April 13, 1938. Death is said to have occurred on the date stated above, at 3:20 P.M.  
The principal cause of death and related causes of importance were as follows:  
Cerebral hemorrhage 4/12-38  
Hypertension 1937  
Senility 1930

Other contributory causes of importance:  
Senility 1930

Name of operation \_\_\_\_\_ 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? \_\_\_\_\_ 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) Mawin J. Haw, Jr., M. D.  
(Address) Bonne Terre, Mo.

