

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

Do not use this space.

38207

**1. PLACE OF DEATH**

County St. Francois  
Township Cery  
City (No. ....) (St. ....) (Ward ....)

Registration District No. 775  
Primary Registration District No. 60210

File No. ....  
Registered No. 85

**2. FULL NAME**

Marion Benham

(a) Residence. No. .... St. .... Ward. ....  
(Usual place of abode)

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

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

Male

**4. COLOR OR RACE**

White

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

Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) October 27 1888

**7. AGE**

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
71	0	20	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Laborer  
(b) General nature of industry, business, or establishment in which employed (or employer) -  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis Mo.  
(STATE OR COUNTRY)

10. NAME OF FATHER Joseph Benham

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown  
(STATE OR COUNTRY)

14. INFORMANT John H. Benham  
(Address) River view Mo.

15. FILED 11/18/29 J. A. Bon  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) November 17 1929

17. I HEREBY CERTIFY That I attended deceased from Nov 16, 1929, to Nov 17, 1929. That I last saw him alive on November 16, 1929, and that death occurred, on the date stated above, at 9 A. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Carcinoma of liver

CONTRIBUTORY (SECONDARY) 1/4 yrs. 1 mos. 0 da.  
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH. St. Louis

19. DID AN OPERATION PRECEDE DEATH? No. DATE OF .....

20. WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Examination  
(Signed) See Enclay, M. D.

11-18, 19 (Address) Bonnetee Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Catholic Cemetery DATE OF BURIAL 11-19 1929

20. UNDERTAKER B. A. Benham ADDRESS Bonnetee

APPROVED: ROE should be stated EXACTLY. PHYSICIANS should state EXACTLY. Exact statement of OCCUPATION is very important.

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