

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

Do not use this space.

37554

1. PLACE OF DEATH

County Marion Registration District No. 547
 Township Masson Primary Registration District No. 3077
 City Hannibal (No. 1224 Church) St. 5 (Ward)

2. FULL NAME Carrie Henrietta Behneman
 (a) Residence, No. 1224 Church St. 5 Ward. (If nonresident give city or town and State)
 (Usual place of abode)
 Length of residence in city or town where death occurred 59 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)** Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Behneman
6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 28 - 1860
7. AGE YEARS 67 MONTHS 4 DAYS 25 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work at home
 (b) General nature of industry, business, or establishment in which employed (or employer) " "
 (c) Name of employer " "

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gallersburg Ind.
10. NAME OF FATHER Carl Jakobson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Sophia Wehner
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT John Behneman
 (Address) Hannibal Mo.
15. FILED Aug 27 1927 CE Stone REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 23 - 1927

17. I HEREBY CERTIFY That I attended deceased from Nov 27, 1927, to Dec 23, 1927 that I last saw h.p. alive on Dec 22, 1927, and that death occurred, on the date stated above, at 9:15 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Heart lesion
900 (duration) 2 1/2 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Organic nerve lesion
 (duration) 2 yrs. mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH? No DATE OF.....
WAS THERE AN AUTOPSY?.....
WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) A. A. Roselle, M. D.
 , 19 (Address) Hannibal 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 Mt. Olivet Cemetery **DATE OF BURIAL** 1/26 - 1927
20. UNDERTAKER Schwartz Funeral Home **ADDRESS** Hannibal

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

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