

MAY 23 1931

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

Do not use this space.

13892

1. PLACE OF DEATH

County *Bundy*Registration District No. *330*Township *Trenton*Primary Registration District No. *3017*City *Trenton* (No. *1514 Chestnut*)File No. _____
Registered No. _____
St. _____ Ward _____2. FULL NAME *Lucinda Frances Benson*(a) Residence, No. *1514 Chestnut* Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *68 yrs. 8 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) *widow*5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *widowed H. F. Benson*6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *April 30 - 1844*7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *86 11 29*8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. *Housewife 27*

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) *Missouri*13. NAME *Moses Wisdom*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*15. MAIDEN NAME *unknown*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *unknown*17. INFORMANT *Mrs Eva Fairington* (ADDRESS) *Trenton Mo.*18. BURIAL, CREMATION, OR REMOVAL PLACE *O. O. F. - Trenton Mo.* DATE *May 20* 19*31*19. UNDERTAKER *Ben A. Davis* (ADDRESS)20. FILED *30 Apr 1931* *E. A. Duffy* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 29* 19*31*22. I HEREBY CERTIFY, That I attended deceased from *12 Feb 1931* to *29 April 1931*I last saw her alive on *29 Apr 1931*. Death is saidto have occurred on the date stated above, at *11:30 a.m.*

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

Arterio Sclerosis Date of onset *1920*Other contributory causes of importance: *Carcinoma of Liver* 19*31*Name of operation *0* Date of _____What test confirmed diagnosis? *None* 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.

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify _____

(Signed) *E. A. Duffy*, M. D.(Address) *Trenton Mo.*

