

OCT 18 1934

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

Do not use this space.

34956

1. PLACE OF DEATH

County Stoddard
Township EEK
City Empire, Mo. (No.)

Registration District No. 834 (834)
Primary Registration District No. 6100

File No. 68
Registered No. 684
St. Ward)

2. FULL NAME Lorene Christene Benton

(a) Residence, No. St., Ward.

(Usual place of abode)

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1932-9-9

7. AGE YEARS MONTHS DAYS If LESS than 1 day, or min. 2 NO 11

8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. 130

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) MO

13. NAME Charley Benton

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

15. MAIDEN NAME Fannie Miller

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

17. INFORMANT Charley Benton

18. BURIAL, CREMATION, OR REMOVAL PLACE Daylor cemetery DATE 9-21-34

19. UNDERTAKER P. C. Knight

20. FILED 10/10, 1934 W. Lewis Allen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-20-1934

22. I HEREBY CERTIFY, That I attended deceased from 9-20, 1934, to 9-20, 1934

I last saw her alive on 9-20-1934 Death is said to have occurred on the date stated above, at 3:30 p.m.

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

Cholera Infantum Date of onset 9-19-34

Other contributory causes of importance: Eating Green Grapes

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) S. S. Davis, M. D.

(Address) Daylor MO

WHITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

108

72

