

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

Do not use this space.

40176

1. PLACE OF DEATH

149 County Jasper Registration District No. 408
5 Township Primary Registration District No. 3070
7 City Carthage (No. 412, 613)
St. Ward

File No.
Registered No.
St. Ward

2. FULL NAME

Bicknell Bender
(a) Residence, No. 412 613 St., Ward
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 9 yrs. mos. ds. 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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 18-1869
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 1 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 236
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) Greenfield Mo

13. NAME Henry Clay Bender
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Mo

15. MAIDEN NAME Katharine Begley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

17. INFORMANT Mrs B. Bender
(ADDRESS) Carthage Mo

18. BURIAL, CREMATION, OR REMOVAL Jasper
PLACE Masonic Cemetery DATE 11-4-1932

19. UNDERTAKER Wm. Drake
(ADDRESS) Carthage Mo

20. FILED Dec 4 1932 P. H. Fitcham
Registrar

V MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 2 1932
22. I HEREBY CERTIFY, That I attended deceased from Nov. 25 1932 to Dec 2 1932
I last saw him alive on Dec 1 1932. Death is said to have occurred on the date stated above, at 2:15 a.m.

The principal cause of death and related causes of importance were as follows:
dueling pneumonia Date of onset Nov 25 32
1950 95B
11A
Other contributory causes of importance:
Cardiac R. compensation
(D)

Name of operation no Date of
What test confirmed diagnosis? physical 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 George H. Wood, M. D.
(Signed) Carthage Mo
(Address)

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.

JAN 9 1933

