

The Winchester Sun - January 9, 1933

DEATH CLAIMS CLARK WOMAN

Mrs. Elizabeth Horn Benton Dies at Home in Ford; Services Monday Afternoon.

Mrs. Elizabeth Horn Benton, 59 years old, wife of L. B. Benton, died Sunday morning at 6:30 o'clock at her home in Ford, eight miles south of here.

She was born and reared in Estill county and was a member of the Ford Christian church.

Besides her husband, she is survived by five daughters, Mrs. Marcus Lisle, Winchester; Mrs. Nannie Colvin, Louisville; Mrs. H. G. Witt, Ford; Mrs. Hattie Evers, Augusta, and Mrs. Ray Thompson, Pittsburgh, Pa.; three sons, Homer Benton, Cincinnati, and James and John Benton, Ford; two sisters, Mrs. Mary Powell, Irvine, and Mrs. W. D. Cenatzer, Dallas, Texas, and five brothers, W. C. Horn, Winchester; J. W. Horn, Littlefield, Texas; W. H. Horn, Galveston, Texas; R. L. Horn, Mexico, and Arthur Horn, Oklahoma.

Funeral services were held Monday afternoon at one o'clock at the Ford Christian church by Rev. William Warner. Burial followed in the Winchester cemetery.

Pall-bearers were: J. R. Thompson, C. L. Hines, J. L. Walters, Robert Ashcraft, Jonah Black and Rodney Thompson.



Benton, Elizabeth Horn 1873 - 1933

Form V. S. 1-A-57m-11-1-29

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS

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CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Clark

Vet. Pat. Ford Registration District No. _____
Inc. Town _____ Primary Registration District No. 473

City _____ (No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mrs. Elizabeth Horn 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. New born in U. S., if of foreign birth ? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Married</u>			21. DATE OF DEATH (month, day, and year) <u>Jan 8, 1933</u>	
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____				22. I HEREBY CERTIFY, That I attended deceased from <u>Jan 12, 1933</u> to <u>Jan 7, 1933</u> I last saw her alive on <u>Jan 7, 1933</u> death is said to have occurred on the date stated above, at <u>6:30A</u> m. The principal cause of death and related causes of importance in order of onset were as follows: <u>Carcinoma of the Liver</u>		
6. DATE OF BIRTH (month, day, and year) <u>Dec 29, 1873</u>				Date of onset _____		
7. AGE Years <u>59</u> Months <u>0</u> Days <u>9</u> If LESS than 1 day _____ hrs. or _____ min.				Contributory causes of importance not related to principal cause: _____		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Keeper</u>				Name of operation _____ Date of _____		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____				What test confirmed diagnosis? _____ Was there an autopsy? _____		
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____				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.		
12. BIRTHPLACE (city or town) (State or country) <u>Estill Co. Ky.</u>				Manner of injury _____		
13. NAME <u>John D. Horn</u>				Nature of injury _____		
14. BIRTHPLACE (city or town) (State or country) <u>Estill Co. Ky.</u>				24. Was disease or injury in any way related to occupation of deceased? <u>Yes, specify</u>		
15. MAIDEN NAME <u>Nancy A. Durbin</u>				(Signed) <u>J. H. Cunningham</u> , M. D. (Address) <u>Ford, Ky.</u>		
16. BIRTHPLACE (city or town) (State or country) <u>Estill Co. Ky.</u>						
17. INFORMANT (Address) <u>Mrs. Henry Witt</u> <u>Ford, Ky.</u>						
18. BURIAL, CREMATION, OR REMOVAL Place <u>Winchester</u> Date <u>Jan. 9th, 1933</u>						
19. UNDERTAKER (Address) <u>Scobee & Bartlett</u> <u>Winchester, Ky.</u>						
20. FILED <u>Jan 9</u> , 19 <u>33</u> Registrar _____						

SHOULD BE CAREFULLY FILLED IN WITH INK—THIS IS A PERMANENT RECORD. 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. See instructions on back of certificate.