

WRITE 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.

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

PLACE OF DEATH
County Shelby
Township Taylor
or
Village
or
City

Registration District No. 533 File No. 15409
Primary Registration District No. 6096 Registered No. 9

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Infant Son of J. J. + Abby Bonora

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE <input checked="" type="checkbox"/> MARRIED WIDOWED OR DIVORCED (Write the word) <u>Single</u>
DATE OF BIRTH <u>April</u> 19, 1913 (Month) (Day) (Year)		
AGE _____ yrs. _____ mos. <u>1/2</u> ds. or _____ min.?		
OCCUPATION (a) Trade, profession, or particular kind of work <u>0-0</u>		
(b) General nature of industry, business, or establishment in which employed (or employer)		
BIRTHPLACE (City or town, State or foreign country) <u>Taylor Mo Shelby</u>		

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 20, 1913
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from 4-18, 1913, to 4-20, 1913, that I last saw him alive on 4-19, 1913, and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:
Premature Birth 7 1/2 to 8 months
159
15.1

PARENTS	NAME OF FATHER <u>J. J. Bonora</u>
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Macon Co Mo</u>
	MAIDEN NAME OF MOTHER <u>Abby Bonora</u>
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Shelby Co. Mo</u>

Contributory (SECONDARY)
(Duration) _____ yrs. _____ mos. _____ ds.
(Signed) A. C. Sanger M. D.
4-20, 1913 (Address) Cherry Boy Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E. J. Bonora
(ADDRESS) McKelton Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.
Where was disease contracted if not at place of death?
Former or usual residence _____

Filed April 20 1913 E. A. Gerard
REGISTRAR

PLACE OF BURIAL OR REMOVAL <u>McKelton Cem</u>	DATE OF BURIAL <u>April 20</u> , 191 <u>3</u>
UNDERTAKER <u>Lon Smith</u>	ADDRESS <u>McKelton Mo</u>

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sar-*

coma, etc., of _____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)



WHILE PRINTING WILL 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.

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

PLACE OF DEATH

County Shelby
Township Taylor
Village _____
City _____ (NO. _____)

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

Registration District No. 833 File No. _____
Primary Registration District No. 6096 Registered No. 9
St. _____ Ward _____

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Not named Borron

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX <u>m</u>	COLOR OR RACE <u>w</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>S.</u> <small>(Write the word)</small>
DATE OF BIRTH <u>April 19</u> , 19 <u>13</u> <small>(Month) (Day) (Year)</small>		
AGE <u>1/2</u> yrs. <u>1/2</u> mos. <u>1/2</u> ds.		If LESS than 1 day, ___ hrs. or ___ min.
OCCUPATION (a) Trade, profession, or particular kind of work <u>none</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____		

DATE OF DEATH April 20, 1913
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from April 19, 1913, to April 19, 1913, and that I last saw him alive on April 19, 1913, and that death occurred, on the date stated above, at 2 p.m.

Satisfactory information supplied.

The CAUSE OF DEATH* was as follows:
cause unknown Premature baby Satisfactory 7 1/2 to 8 mo

BIRTHPLACE (City or town, State or foreign country) Shelby Mo.

PARENTS	NAME OF FATHER <u>J. P. Borron</u>
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Wacon Co. Mo.</u>
	MAIDEN NAME OF MOTHER <u>Abby</u>
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Shelby Co. Mo.</u>

Contributory (Secondary) _____ (Duration) _____ yrs. _____ mos. 1/2 ds.

(Signed) A. C. Lane M. D.
April 19 1913 (Address) Shelby Mo.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) E. J. Borron & _____
(ADDRESS) Nickelton Mo.

Filed June 11, 1913, by E. N. Gerard
REGISTRAR

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR REGENT RESIDENTS)
At place of death _____ yrs. _____ mos. _____ ds. State _____ yrs. _____ mos. _____ ds.

Where was disease contracted If not at place of death? _____

Former or usual residence same

PLACE OF BURIAL OR REMOVAL <u>Int. Blue cem</u>	DATE OF BURIAL <u>April 20</u> 19 <u>13</u>
UNDERTAKER <u>Lon Smith</u>	ADDRESS <u>Leicester Mo.</u>

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

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Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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