

Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. PHYSICIANS should state EXACTLY. Exact statement of OCCUPATION is very important.

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

Do not use this space.

OCT 25 1927.

26817

1. PLACE OF DEATH

County Cole

Registration District No. 213-

File No.

Township

Primary Registration District No. 3014

Registered No. 241-

City Jefferson

(Name of Hospital) St. Mary's Hospital

St. Ward)

2. FULL NAME

(a) Residence No. St. Ward.
(Usual place of abode)

Bonnots Mill Mo.
(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

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

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND or (OR) WIFE OF

Emile Bonnots

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

3-3-1861

7. AGE

YEARS MONTHS DAYS
66 | 6 | 13
If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home
(b) General nature of industry, business, or establishment in which employed (or employer)

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Osage Co, Mo.

10. NAME OF FATHER

Leland Maure

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) France

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Unknown

14.

INFORMANT C. C. Bonnots
(Address) J. C. Mo.

15.

FILED 9/17-27 P. V. Bedford
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

9-16-1927

17.

I HEREBY CERTIFY, That I attended deceased from 9-16

1927 to 9-16-1927, and that I last saw him alive on 9-16-1927 and that death occurred, on the date stated above, at 7 P. M.

THE CAUSE OF DEATH WAS AS FOLLOWS

Pertinitis following appendicitis.

CONTRIBUTORY (SECONDARY)

117B

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

18 Did an operation precede death?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) P. V. Bedford, M. D.

9/16, 1927 (Address) Jeff. City Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Bonnots Mill Mo.

DATE OF BURIAL

9-17 1927

20. UNDERTAKER

C. P. Heinrichs

ADDRESS

J. C. Mo.

