

Do not use this space.

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

FEB 20 1928

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125  
Township 140 Primary Registration District No. 3007  
City St. Francis (No. 4)

File No. 1018  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Susie Bonif  
(a) Residence. No. 33 S. Park 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female  
4. COLOR OR RACE White  
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) \_\_\_\_\_  
5a. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1/16 19 28  
17. I HEREBY CERTIFY That I attended deceased from 1/21 19 28 to 1/16 19 28 that I last saw her alive on 1/15 19 28, and that death occurred, on the date stated above, at 5:30 a. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 10 - 1927  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
3 5

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Bronchopneumonia  
107A  
\_\_\_\_\_ (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 26 ds.

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work \_\_\_\_\_  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

9. BIRTHPLACE (CITY OR TOWN) Cape Girardeau (STATE OR COUNTRY) MO

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_ IF NOT AT PLACE OF DEATH? \_\_\_\_\_

10. NAME OF FATHER Clara Bonif

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Belleme, Mo.

WAS THERE AN AUTOPSY? no

12. MAIDEN NAME OF MOTHER Bertha Gyo.

WHAT TEST CONFIRMED DIAGNOSIS? roose (Signed) George Walker, M. D.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Jardenville (STATE OR COUNTRY) Mo

1/6, 19 28 (Address) Cape Girardeau

14. INFORMANT Clara Bonif (Address) 32 S. Park

\*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.

15. FILED 1-18-28 W. Hauff REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Cape Girardeau Mo. DATE OF BURIAL 1-18-28 19

20. UNDERTAKER Al. Brinkoff ADDRESS Cape Girardeau Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIAN'S SIGNATURE SHOULD BE STAMPED EARLY IN THE MORNING.



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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County... Cape Gir.  
Township.....  
City..... (No.....)

Registration District No. 125  
Primary Registration District No. 3009

File No. 1018  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

Susie M. Bond

(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED S  
(write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

14. INFORMANT (Address)

15. FILED 1/19 1928 W. C. Kumpfer REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 16 1928

17. I HEREBY CERTIFY That I attended deceased from ..... 19....., 19..... (that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at..... m.

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

Acute pneumonia  
Respiratory Cause  
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 100%  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS..... (Signed) Edward Baker, M. D.

3-27, 1928 (Address) Cape Girardeau

\*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 DATE OF BURIAL 19.....

20. UNDERTAKER ADDRESS

Information should be carefully supplied. DO NOT state EXACTLY. PHYSICAL, US S. state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION as very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

S-390