

MAR 21 1928

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

Do not use this space.

7494 8

1. PLACE OF DEATH

County Linn
Township Alford
City Holt (No.)

Registration District No.
Primary Registration District No. 6130

File No.
Registered No.
St. Ward

2. FULL NAME

Beulah Bonville

(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

Female

4. COLOR OR RACE

White

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

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

J. Bonville

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

2-5-1888

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

40

0

18

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Mad. County

(STATE OR COUNTRY)

10. NAME OF FATHER

J. P. Montgomery

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

unknown

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

unknown

(STATE OR COUNTRY)

14.

INFORMANT

(Address)

J. Bonville
Holt, Mo.

15.

FILED

7-24-28 Pa. Bonville
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Feb 23rd 1928

17.

I HEREBY CERTIFY, That I attended deceased from

Oct., 1928, to Feb, 1928

that I last saw h. e. r. alive on Feb 22nd, 1928, and that death occurred, on the date stated above, at 11.0 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General Tuberculosis

23/A

CONTRIBUTORY (SECONDARY)

37/B

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

unknown

19. DID AN OPERATION PRECEDE DEATH?

no DATE OF same

WAS THERE AN AUTOPSY?

no

WHAT TEST CONFIRMED DIAGNOSIS?

Microscopic

(Signed)

Geo. H. ..., M. D.

19

(Address)

Paraguth, 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

Edward's Church

DATE OF BURIAL

2-25-28

20. UNDERTAKER

R. ...

ADDRESS

Brown

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.

Jesse M. Threadgill Jr