1928

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

Do not use this space.

9647

1. PLACE OF DEATH

County Lewis — Registration District No. 480 — File No.

Township — Primary Registration District No. 4289 — Registered No. 6

City La Grange (No. ..... St. ..... Ward)

2. FULL NAME Ella W. Bonney

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 31st 1854

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74	1	17	

8. OCCUPATION OF DECEASED

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

(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) Lewis County, Mo.

PARENTS

10. NAME OF FATHER William Y. Williams

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

12. MAIDEN NAME OF MOTHER Sarah. C. Simpson

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

14. INFORMANT Mrs Eda W. Painter (Address) La Grange, Mo.

15. FILED 3/21, 1928 W S Ellery REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mch - 19 1928

17. I HEREBY CERTIFY, That I attended deceased from 8 am Mch 19, 1928, to 1245 P.M. Mch 19, 1928 that I last saw her alive on Mch 19, 1928, and that death occurred, on the date stated above, at 1245 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Cerebral Hemorrhage

74 A

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Wm Ellery, M. D

, 19 (Address) La Grange 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	DATE OF BURIAL
La Grange Mo	Mar 22 1928
20. UNDERTAKER	ADDRESS
A. A. Roberts	La Grange Mo

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.