

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

Do not use this space.

9705

**1. PLACE OF DEATH**

County Phillips Mo.  
Township \_\_\_\_\_  
City Phillipcothe Mo. (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 505  
Primary Registration District No. 3026

File No. \_\_\_\_\_  
Registered No. 20

**2. FULL NAME** Costella Bonihue

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

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. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 12, 1916

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
14      28

**8. OCCUPATION OF DECEASED**

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

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

PARENTS

10. NAME OF FATHER John Bonihue  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown  
(STATE OR COUNTRY)  
12. MAIDEN NAME OF MOTHER Ida Phillips  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Omaha  
(STATE OR COUNTRY)

14. INFORMANT Ms. Ida Phillips  
(Address) Phillipcothe Mo.

15. FILED 3-13-28 Reuben Bonney  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 10 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1927, to March 10, 1928, that I last saw him alive on March 9, 1928, and that death occurred, on the date stated above, at 8:00 P.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
Intestinal Tuberculosis  
3.5  
11 B 3  
CONTRIBUTORY dyspepsia  
(duration) yrs. mos. da. 1

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) [Signature], M. D.  
Address Phillipcothe, 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 To. Pland and Co. Searcy Mo. DATE OF BURIAL 3/13 1928

20. UNDERTAKER P.M. Marshall ADDRESS Phillipcothe 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.

JUN 1 1928

