

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

Do not use this space.

14121

1. PLACE OF DEATH

County Monroe
Township Monroe
City Monroe City

Registration District No. 581
Primary Registration District No. 4343

File No.
Registered No. 10
St. Ward)

2. FULL NAME

Salomon Bono

(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 40 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

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

Married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF

Francis Ellen Bono

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

Aug. 12th 1852

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>75</u>	<u>7</u>	<u>21</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer.
(b) General nature of industry, business, or establishment in which employed (or employer) Retired about 3 yrs.
(c) Name of employer

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

Randolph Co Ill.

10. NAME OF FATHER

Blossett Bono

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

St Genevieve

12. MAIDEN NAME OF MOTHER

Mary Ruthsinger

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

St Genevieve

14. INFORMANT

Lawrence S. Bono
(Address) Monroe City Mo.

15. FILED

4/3 1928 O.W. Wilson
Deputy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April - 2nd 1928

17. I HEREBY CERTIFY That I attended deceased from March 31st 1928 to April 2nd 1928 that I last saw him alive on April 2nd 1928, and that death occurred, on the date stated above, at 10.05 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho Pneumonia
10 1/2 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) Senility
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 1000
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF ...
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) [Signature], M.D.
4/3, 1928 (Address) Monroe 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 Holy Rosary Cemetery DATE OF BURIAL April - 4th 1928

20. UNDERTAKER Wilson & Son ADDRESS Monroe City 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.

