

THIS IS A PERMANENT RECORD

742
AT 24
1928

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

Do not use this space.

30057

1. PLACE OF DEATH
 County Cole Registration District No. 213
 Township Jefferson Primary Registration District No. 3014
 City Jefferson (No.) St. (Ward)
 Registered No. 243

2. FULL NAME Bonnie Jean Churning
 (a) Residence No. 420 E. Water 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

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
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 18 - 1928
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 | 5 | 24 | |
 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) Jefferson City, Mo
 (STATE OR COUNTRY) Mo
 10. NAME OF FATHER Lee Churning
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) St Joseph Mo
 (STATE OR COUNTRY) Mo
 12. MAIDEN NAME OF MOTHER Acta Naples
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Osage Co Mo
 (STATE OR COUNTRY) Mo
 14. Lee Churning
 (Address) 420 E Water
 15. Filed 10-6-28 Sub Bedford
 Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 11 1928
 17. I HEREBY CERTIFY That I attended deceased from Sept 10, 1928, to Sept 11 1928 that I last saw h. e. v. alive on Sept 11, 1928, and that death occurred, on the date stated above, at .
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Enteritis
 (duration) yrs. mos. da.
 CONTRIBUTORY Marasmus
 (SECONDARY) (duration) yrs. mos. da. 2
 18. WHERE WAS DISEASE CONTRACTED 1130
 IF NOT AT PLACE OF DEATH
 DID AN OPERATION PRECEDE DEATH? no DATE OF
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? Physiologist Examined
 (Signed) J. J. Brunel M. D.
 , 19 (Address) Jefferson 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 Pinview Cem DATE OF BURIAL 11 13 1928
 20. UNDERTAKER Lawson-Tamm ADDRESS J. C. 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.

