

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

Do not use this space.

9162

1. PLACE OF DEATH

County Shannon

Registration District No. 824

Township Emmure

Primary Registration District No. 6076

City Emmure (No. 1)

File No.

Registered No.

St. Ward)

2. FULL NAME

(a) Residence, No. James Albert Bonnell St. 1st 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)

M

W

Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 29-1891

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or min.

57

10

7

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

Farm

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

10. NAME OF FATHER

Thomas V. Bonnell

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

12. MAIDEN NAME OF MOTHER

Martha Smith

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

14.

INFORMANT

(Address)

Open Bonnell
Emmure Mo

15.

FILED

2-6-1929

Frank Heyde

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb-6-1929

I HEREBY CERTIFY, That I attended deceased from Jan 1-1929 to Feb-6-1929, that I last saw him alive on Feb-1-1929, and that death occurred, on the date stated above, at 2-7 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
130

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH?

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Frank Heyde M. D.

2-6-1929 (Address) Emmure 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

Bethel Chapel

2-7-1929

20. UNDERTAKER

ADDRESS

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.

1929

31

31

