

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.

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

Do not use this space.
14067

23 1929

Mental
Mental

PLACE OF DEATH
County Cape Girardeau Registration District No. 125 File No.
Township " " Primary Registration District No. 3009 Registered No. 98
City " " (No. St. Francis Hospital) St. Ward)

2. FULL NAME Mary Bernice Bonnett Triller
(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Joseph A Triller</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Aug-15-1879</u>				
7. AGE YEARS <u>54</u>	MONTHS <u>8</u>	DAYS <u>2</u>	IF LESS than 1 day, hrs. or min.	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>House Keeper</u> (b) General nature of industry, business, or establishment in which employed (or employer) .. (c) Name of employer ..				
9. BIRTHPLACE (CITY OR TOWN) <u>Perry Co</u> (STATE OR COUNTRY) <u>Mo.</u>				
10. NAME OF FATHER <u>Ignacet Bonnett</u>				
11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Germany</u> (STATE OR COUNTRY) ..				
12. MAIDEN NAME OF MOTHER <u>Bernice Litchy</u>				
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .. (STATE OR COUNTRY) <u>Mo.</u>				

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-17-1929

17. I HEREBY CERTIFY, That I attended deceased from 19-15-1928, to 4-17-1929, (that I last saw him/her alive on 4-17-1929, and that death occurred, on the date stated above, at ..)

THE CAUSE OF DEATH* WAS AS FOLLOWS:
CARCINOMA of SIGMOID
76 C (duration) 3 6 yrs. mos. da.

CONTRIBUTORY (SECONDARY) 43 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? ..
DID AN OPERATION PRECEDE DEATH? NO. DATE OF ..
WAS THERE AN AUTOPSY? YES.

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) G. L. Jewett, M.D.
, 19 (Address) Cape Girardeau 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 St. Joseph Cemetery DATE OF BURIAL April 19 1929
20. UNDERTAKER Loehberg F & H Co ADDRESS Cape Gir. Mo.

14. INFORMANT Ignacet Triller
(Address) Richl Mo RFD 1

15. FILED 1/18-29 Gay 34
W. K. Simpson REGISTRAR

