

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

Do not use this space.

27448

1. PLACE OF DEATH  
 County Greene Registration District No. 318 File No. 27448  
 Township \_\_\_\_\_ Primary Registration District No. 209 Registered No. 570  
 City Springfield (No. County Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Ullace Bommoneto  
 (a) Residence. No. 442 W. Madison 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Joe - Bommoneto

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 6 1908

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>21</u>	<u>6</u>	<u>29</u>	

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work at Home  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Baird Ore  
 (STATE OR COUNTRY)

10. NAME OF FATHER Ed. D. Shields

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

12. MAIDEN NAME OF MOTHER Bomgardner

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

14. INFORMANT Ed D. Shields  
 (Address) Springfield Mo

15. FILED 8-5-29 Geo. Sharp REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 5 1929

17. I HEREBY CERTIFY, That I attended deceased from 2-13, 1929, to Aug 5, 1929, that I last saw her alive on Aug 4, 1929, and that death occurred, on the date stated above, at 12:22 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
1. Pulmonary Tuberculosis  
23A  
11587  
 (duration) 2 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 (Secondary) Ludwig, Arizona  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED St Louis  
 IF NOT AT PLACE OF DEATH? \_\_\_\_\_

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

WHAT TEST CONFIRMED DIAGNOSIS? Lab & physical  
 (Signed) John W. Williams Jr, M. D.  
 (Address) Springfield

\*State the DISEASE CAUSING DEATH, or if 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 Clear Creek Cem. DATE OF BURIAL Aug 6 1929

20. UNDERTAKER Alma Lomenex ADDRESS Springfield

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.  
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