

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

Do not use this space.

41681

1. PLACE OF DEATH *Preps*  
 County.....  
 Registration District No. *677*  
 Township *Rolla*  
 Primary Registration District No. *4403*  
 City..... (No. *80* Ward)  
 2. FULL NAME *Mary Ella Bonham*  
 (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. 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*) *Single*  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Dec 18 1922*  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
*7*

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) *Rolla*  
 (STATE OR COUNTRY) *Mo*

10. NAME OF FATHER *John B. Bonham*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Haverhill Kas*  
 (STATE OR COUNTRY) *Kas*

12. MAIDEN NAME OF MOTHER *Nora Boyan*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Madison City*  
 (STATE OR COUNTRY) *Mo*

14. INFORMANT *John Bonham*  
 (Address) *Rolla Mo*

15. FILED *Dec 26 1929* *Jos. F. Ayers*  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Dec 25 1929*

17. I HEREBY CERTIFY, That I attended deceased from *Dec 18*, 19*29*, to *Dec 25*, 19*29*, that I last saw her alive on *Dec 24*, 19*29*, and that death occurred, on the date stated above, at *7 9* a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

*Deformity of mouth  
 inability to swallow*

*1590* (duration) yrs. mos. *7* ds.

CONTRIBUTORY *none*  
 (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED *1590*

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? *no* DATE OF.....

WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS *gross*

(Signed) *R Mitchell* M. D.

, 19 (Address) *Rolla 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 *Sicking Cemetery* DATE OF BURIAL *Dec. 26 1929*

20. UNDERTAKER *Mull & Sickleider* ADDRESS *Rolla, Mo.*

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

*24 1930*

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