

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

Do not use this space.

*Dr. H. H. H. H.*

**1. PLACE OF DEATH**

County Cape Girardeau Registration District No. 125  
Township " Primary Registration District No. 2009  
City " (No. ")

File No. \_\_\_\_\_  
Registered No. 284  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Samuel Bontin  
(a) Residence. No. 443 W. Friedrich St., \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 19 - 1852

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
77 5 17

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. Contractor  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Wintham Ver.

**10. NAME OF FATHER**

Joachim Bontin

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) Canada

**12. MAIDEN NAME OF MOTHER**

Martha Warner

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) Ware Mass.

**14. INFORMANT**

R. G. Bontin  
(Address) Cape Girardeau Mo.

**15. FILED**

1/11, 1930 Eve Kumpfer  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 8 19 29

17. I HEREBY CERTIFY, That I attended deceased from Jan 8 19 29 to Jan 8 19 30  
that I last saw him alive on Jan 8, 1930, and that death occurred, on the date stated above, at 11:58 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Bronchial Asthma -  
Angina Pectoris  
94A

CONTRIBUTORY (SECONDARY) Bronchial Asthma  
Small Pox  
(duration) \_\_\_\_\_ yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical

(Signed) R. G. H. H., M. D.

1-11, 1930 (Address) Cape Girardeau Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENCE, (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

Mausoleum

**DATE OF BURIAL**

Jan 11 1930

**20. UNDERTAKER**

Walther Und. Co Cape Girardeau Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN 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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