APR 28 1930

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

Do not use this space.
8440

1. PLACE OF DEATH
County: Grundy
Township: Lincoln
City: Trenton (No. ..., ... St. ... Ward)

Registration District No. 332
Primary Registration District No. 5462

File No. ...
Registered No. 3

2. FULL NAME: Bliss Bonta

(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: 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: Gretta Bonta

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 14-1897

7. AGE: Years 32 | Months 6 | Days 24 | If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(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): Grundy Co. Mo.

PARENTS
10. NAME OF FATHER: J N Bonta
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ky
12. MAIDEN NAME OF MOTHER: Julia F Ranes
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Iowa

14. INFORMANT: Mr Gretta Bonta
(Address): Trenton Mo RFD

15. FILED: 3/14, 1930 Maurice Riddle, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mar. 10. 1930

17. I HEREBY CERTIFY, That I attended deceased from March 8, 1930, to March 10, 1930 that I last saw h. alive on Mar. 10, 1930, and that death occurred, on the date stated above, at 9:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tuberculosis of Kidney
75
30
(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (SECONDARY): Peritonitis
(duration) ... yrs. ... mos. ... ds.

Autopsy

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? ...
DID AN OPERATION PRECEDE DEATH? ... DATE OF ...
WAS THERE AN AUTOPSY? ...
WHAT TEST CONFIRMED DIAGNOSIS? ...

(Signed) Cecil L McClanahan, M. D.
3/11. 1930 (Address) Spickard 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: Grundy Center Cem.
DATE OF BURIAL: Mar 12 1930

20. UNDERTAKER: P K Payne
ADDRESS: Galt 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.