MAY 27 1930

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

Do not use this space.

13375

1. PLACE OF DEATH
County Montreal
Township Walker
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 571
Primary Registration District No. 5769

File No. .....
Registered No. 25

2. FULL NAME Mary Kaytherine Bonworth

(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: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Jno Bonworth

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 13 - 1857

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
72	10	2	

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

66B
92B
84

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Montreal Co

PARENTS
10. NAME OF FATHER: John Klein
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Gertrude Dedrick
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT (Address): John Bonworth, California Mo

15. FILED April 7 1930 Jas W Roth REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 15 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 22, 1930 to Mar 21 st, 1930 that I last saw her alive on March 14, 1930, and that death occurred, on the date stated above, at 7.15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hypothyroidism - Incompetent mitral valve - mentally incompetent -
..... (duration) ..... yrs. 2 mos. 13 ds.

CONTRIBUTORY (SECONDARY) Owing to hallucinations, deceased refused medical attention -
..... (duration) ..... yrs. ..... mos. ..... ds.

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) J. P. Burke Jr., M. D.
4/17, 1930 (Address) California 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: Cedron Cemetery
DATE OF BURIAL: 4/17 1930

20. UNDERTAKER: William & Friedmeyer
ADDRESS: California 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.