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

JUN 27 1930

1. PLACE OF DEATH

County St Charles  
 Township \_\_\_\_\_  
 City St Charles (No. \_\_\_\_\_)

Registration District No. 757  
 Primary Registration District No. 3036

File No. \_\_\_\_\_  
 Registered No. 97  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME August John Bonnot

(a) Residence No. 1330 Morgan St., 4 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 Anna Glasenbeck

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 12<sup>th</sup> 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
53 4 0

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

9. BIRTHPLACE (CITY OR TOWN) Loose Creek  
 (STATE OR COUNTRY) Osage County Mo.

10. NAME OF FATHER Julius Bonnot

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Loose Creek  
 (STATE OR COUNTRY) Osage County Mo.

12. MAIDEN NAME OF MOTHER Francis Raulen

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Loose Creek  
 (STATE OR COUNTRY) Osage County Mo.

14. INFORMANT Nancy C. Sullentrop  
 (Address) 116 Kansas Ave.

15. FILED 6/4, 19 30 by H. Blackburn  
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 1 1930

17. I HEREBY CERTIFY, That I attended deceased from May 31, 1930, to June 1, 1930  
 that I last saw him alive on June 1, 1930, and that death occurred, on the date stated above, at 3:50 PM.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cardiac and Bronchial  
95% Asthma  
110

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 100%  
 (duration) \_\_\_\_\_ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_

IF NOT A PLACE OF DEATH \_\_\_\_\_

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

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical signs  
 (Signed) B. P. Wentker, M. D.

612, 1930 (Address) St. Charles 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 St Peters Cem. St Charles Mo DATE OF BURIAL June 7<sup>th</sup> 1930

20. UNDERTAKER H. L. Dallmeyer & Sons Co. ADDRESS St Charles Mo  
800 N. Second St.

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.

