

NOV 26 1930

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

Do not use this space.

33827

1. PLACE OF DEATH

County Putnam  
Township Unionville  
City Unionville (No.         )

Registration District No. 716  
Primary Registration District No. 6430

File No.           
Registered No. 420  
St.          Ward         

2. FULL NAME

Charles Lincoln Bongardner

(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

M.

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

Emily Bongardner

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

12-20-1865

7. AGE

65

YEARS

8

MONTHS

2

DAYS  
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)

Mo

(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER

Joseph Bongardner

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

Mo

12. MAIDEN NAME OF MOTHER

Emma Bangler

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

England

14.

INFORMANT Thos. Bongardner  
(Address) Unionville Mo

15.

FILED 11-28-30 J. H. Hartman  
19 30 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 22 1930

17.

I HEREBY CERTIFY, That I attended deceased from Oct 22 1930 to Oct 22 1930 that I last saw her alive on Oct 31 1930, and that death occurred, on the date stated above, at 6 p. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

92A

(duration) ..... yrs. .... mos. .... ds.  
CONTRIBUTORY Mitral Regurgitation  
(SECONDARY)

(duration) ..... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Unionville Mo

DID AN OPERATION PRECEDE DEATH? no DATE OF         

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) E. H. Montgomery M. D.

1930 (Address) Unionville

\*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

Unionville

DATE OF BURIAL

Oct 24 1930

20. UNDERTAKER

G. O. Husted & Son

ADDRESS

Unionville 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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

