

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

Do not use this space.

39418

1. PLACE OF DEATH

County Jackson
Township Kaw
City K. C. Mo. (No. St Marys Hospital)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 4023
St. _____ Ward _____

2. FULL NAME Jack Bono

(a) Residence. No. 817 Benton St. 9 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 Lena Bono

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 9 1900

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
30 4 2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Druggist
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Frank Bono
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Italy
12. MAIDEN NAME OF MOTHER Maria Asta
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Italy

14. INFORMANT Frank Bono
(Address) 523 Chemist K. C. Mo

15. FILED 12/12/30 m. m. Crowe
REGISTRAR Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-11 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 5, 1930, to Dec 11, 1930 that I last saw him alive on Dec 11, 1930, and that death occurred, on the date stated above, at 11:50 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute tonsillitis with general septicemia
11CA
115A (duration) yrs. mos. 12 ds.
1:40 Lung abscess with Empyema
(SECONDARY) (duration) yrs. mos. 6 ds.

18. WHERE WAS DISEASE CONTRIBUTED

IF NOT AT PLACE OF DEATH Unknown.
DID AN OPERATION PRECEDE DEATH? No DATE OF None
WAS THERE AN AUTOPSY? Yes.

WHAT TEST CONFIRMED DIAGNOSIS Autopsy
(Signed) A. N. Atkinson M. D.

17/12/1930 (Address) 1400 Prof. Bldg

*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. Marys Cemetery DATE OF BURIAL 12-13 1930
20. UNDERTAKER A. Sebeto ADDRESS K. C. 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.

