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

Do not use this space.

16741

File No. .....

Registered No. 62

1. PLACE OF DEATH

County: Saline — Registration District No. 796

Township: Marshall — Primary Registration District No. 6039

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Lydia Jane Bonnell

(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.

MAY 27 1931

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF — — — —

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 29 1903

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	28	0	6	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: School teacher

(b) General nature of industry, business, or establishment in which employed (or employer): — —

(c) Name of employer: — —

9. BIRTHPLACE (CITY OR TOWN) Collins
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Robt. F. Bonnell

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

12. MAIDEN NAME OF MOTHER Mary S. Owen

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

14. INFORMANT Mrs Edwin J Bonner
(Address) Marshall Mo.

15. FILED 4-12, 1931 Mrs. John H. McGuire
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 5 1931

17. I HEREBY CERTIFY, That I attended deceased from 3-26, 1931, to 4-5, 1931, that I last saw her alive on 4-5, 1931, and that death occurred, on the date stated above, at 10-30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobular Pneumonia

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

CONTRIBUTORY (SECONDARY) Influenza

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? yes

DID AN OPERATION PRECEDE DEATH? no. DATE OF ....

WAS THERE AN AUTOPSY? no.

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Ross Kennedy, M. D.

4/6, 1931 (Address) Marshall 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	DATE OF BURIAL
Collins Mo.	Apr. 7 1931
20. UNDERTAKER	**ADDRESS**
P. M. Campbell	Marshall

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.

ST. LOUIS

ST. LOUIS

KANSAS CITY

KANSAS CITY