

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan Registration District No. 85
 Township _____ Primary Registration District No. 1001
 City St. Joseph, (No. Missouri Methodist Hospital St. _____ Ward _____)

File No. 17140
 Registered No. 480

2. FULL NAME Nellie Bryan Bonner,

(a) Residence. No. _____ St. _____ Ward. Lamoni, Iowa,
 (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (OR) WIFE of Edward Bonner,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 20th. 1897

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
33 4 12

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Eagleville,
 (STATE OR COUNTRY) Missouri,

10. NAME OF FATHER Benjamin B. Sharp,

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

12. MAIDEN NAME OF MOTHER Ida May Jones,

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

14. INFORMANT Edward Bonner
 (Address) Lamoni, Iowa,

15. FILED 5-2, 1931 John R Bender
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 2, 1931
 17. _____

I HEREBY CERTIFY, That I attended deceased from Apr 26, 1931, to May 2, 1931 that I last saw h.e. alive on May 2, 1931, and that death occurred, on the date stated above, at 4:46 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Intestinal Obstruction
 (duration) yrs. mos. 1 da.
 CONTRIBUTORY Abdominal Operation
 (SECONDARY) (duration) yrs. mos. 9 da.

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH? _____

1 DID AN OPERATION PRECEDE DEATH? Yes DATE OF Apr 27-31

2 WAS THERE AN AUTOPSY? No

3 WHAT TEST CONFIRMED DIAGNOSIS? Clinical

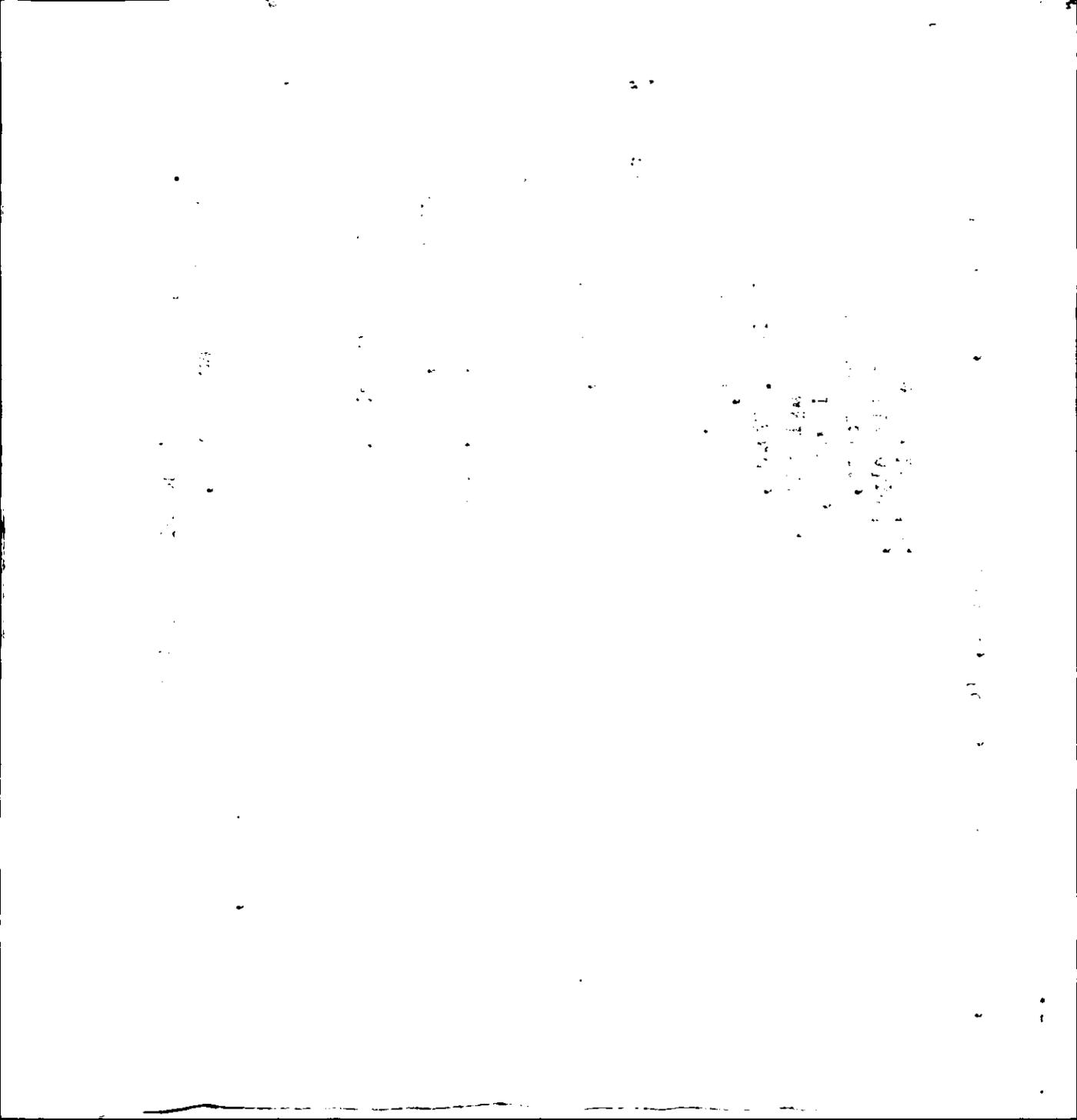
(Signed) Paul Jorgensen, M. D.
5-2, 1931 (Address) St. Joseph, Mo

*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 Lamoni, Iowa, via auto DATE OF BURIAL May 4, 1931

20. UNDERTAKER Heaton Bl Yale & Bowman ADDRESS 319 S. 10 St.

-Funeral Home-



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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City St. Joseph (No.)

File No.

Registered No. 480

St. Ward

2. FULL NAME

(a) Residence, No. Mellie Bryan Bonner 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 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)

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

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

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED 7-3 1931 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2 1931

22. I HEREBY CERTIFY, That I attended deceased from 19..... to....., 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:

Intestinal obstruction due to metastases for cancer of uterus - obstruction following the operation.

Other contributory causes of importance: abdominal operation

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury..... Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed)....., M. D. (Address).....

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

5-17140