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.

JUL 25 1931

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

Do not use this space.

18673

1. PLACE OF DEATH

County Marion — Registration District No. 547 — File No.

Township X — Primary Registration District No. 3029 — Registered No. 158

City Hannibal (No. 207, Quincy St. Ward)

2. FULL NAME Harry Eugene Bonebrake

(a) Residence, No. 207 Quincy St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 2 - 1912

7. AGE: YEARS 19 — MONTHS — DAYS 28 — If LESS than 1 day, ....hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machine Operator
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoe Factory
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) Hannibal Missouri

FATHER

13. NAME Charles Everett Bonebrake
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brook Indiana

MOTHER

15. MAIDEN NAME Alta Edith Marshall
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hannibal Missouri

17. INFORMANT (ADDRESS) Chas Everett Bonebrake (Father) 207 Quincy St, Hannibal, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Olivet DATE June 1 1931

19. UNDERTAKER (ADDRESS) Wm M Smith Hannibal, Mo.

20. FILED 6/1 1931 C Clousius Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30, 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 9:30 a.m.

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

| | Date of onset |
|---|---|
| Electrocuted | |
| (Fixing Radio Antenna) | |
| 193 | |

Other contributory causes of importance:

193 5

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 5/30, 1931

Where did injury occur? Hannibal Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James O'Donnell Coroner Marion County M.D.

(Address) Hannibal Mo.