

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

Do not use this space.

24232

1. PLACE OF DEATH

County Buchanan Registration District No. 85
 Township Joseph Primary Registration District No. 1001
 City Union Star, Mo. (No. Mo. Methodist Hospital)
 File No. _____ Registrar No. _____

2. FULL NAME

(a) Residence, No. Union Star, Mo. St. _____ Ward. Union Star Mo.
 (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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 19-1917

7. AGE YEARS 14 MONTHS 4 DAYS 18 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) Union Star Mo.

13. NAME Robert John Bonham

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union Star Mo.

15. MAIDEN NAME Ruth Lucile Pierce

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union Star Mo.

17. INFORMANT (ADDRESS) Robert John Bonham Union Star Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Union Star Mo. July-9 1931

19. UNDERTAKER (ADDRESS) Wm. J. Miller Union Star Mo.

20. FILED 7-7 1931 John A. Bender Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 7 1931

22. HEREBY CERTIFY, That I attended deceased from July 6 1931 to July 7 1931

I last saw him alive on July 7 1931. 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:

Struck by Horse
Cerebral Hemorrhage
(Memorial)

Other contributory causes of importance:
108
82A 188

Name of operation None Date of _____

What test confirmed diagnosis? Chemical analysis Was there an autopsy? no

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

Accident, suicide, or homicide Date of injury 7/6 1931

Where did injury occur? Union Star Mo. County _____ (Specify city or town, county, and State)

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

Manner of injury Struck by Horse

Nature of injury Injury to head, spine

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) E. M. Reynolds M. D.

(Address) Union Star Mo.

N. B.—Every item of information should be carefully supplied. AGS 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.

AUG 6 4 1931

