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

Do not use this space.

34642

File No. 4361

Registered No.

1. PLACE OF DEATH
County Jackson
Township Kaw
City K. C. Mo. (No. 3019, East 8th, st, St. Ward)
Registration District No.
Primary Registration District No.

2. FULL NAME Mable Mae Bonne
(a) Residence, No. 3019 - E - 8th, 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 Fe
4. COLOR OR RACE Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan-4-1908

7. AGE YEARS 23 MONTHS 9 DAYS 24 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
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) Missouri

FATHER
13. NAME R. W. Tinsley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Della May Newman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT R. W. Tinsley
(ADDRESS) 3019 East 8th, str,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Brookfield, Mo. DATE Oct-30-1931

19. UNDERTAKER Mrs. C. L. Foster
(ADDRESS) 918 Brooklyn, K. C. Mo

20. FILED 10/29, 1930 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-28, 1931

22. I HEREBY CERTIFY, That I attended deceased from 10-26-, 1931, to 10-28-, 1931
I last saw her alive on 10-28-, 1931. Death is said to have occurred on the date stated above, at 1 P. m.
The principal cause of death and related causes of importance were as follows:

Peritonitis — Date of onset 10-28

1 2 4
1 5 1 3
1 2 3 0

Other contributory causes of importance: Infection from a boil, rp Labia majora.

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) Addie P. Arthur M. D.
(Address) 5915 Paseo

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CERTIFICATE OF DEATH

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

REGISTRAR SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED. OCCUPATION is very important.

1. PLACE OF DEATH

County ..... Registration District No. 399 File No. .....

Township ..... Primary Registration District No. 1062 Registered No. 4361

City L C Mo (No. ..... St. ..... Ward)

2. FULL NAME Mable Mae Bonne

(a) Residence, No. 2019 Ash St. (Usual place of abode) St., ... Ward. .....

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.~~ (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Divorced

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

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

7. AGE: Years 24 | Months 10 | Days 13 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: housework

10. Date deceased last worked at this occupation (month and year): 10 - 1931

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Brookfield Mo.

FATHER

13. NAME: Mable Mae Bonne

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Brookfield Mo.

MOTHER

15. MAIDEN NAME: Tinsley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Brookfield Mo.

17. INFORMANT (ADDRESS): R. H. Bradley 2819 East 8th St.

18. BURIAL, CREMATION, OR REMOVAL: PLACE Brookfield DATE Oct 31st 1931

19. UNDERTAKER (ADDRESS): Mrs C. L. Forster 418-20 Brooklyn Ave

20. FILED Oct 29 1931 M. M. Herome Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 28th 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 26th 1931, to Oct 28th 1931. I last saw her alive on Oct 28th 1931. Death is said to have occurred on the date stated above, at 1:40 P. m.

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

	Date of Onset
Nephritis	Oct 26 1931
(No)	
Pregnancy when married	
Gave birth to premature	
infection from a	
on Labor Major	

Other contributory causes of importance: .....

Name of operation: none Date of: .....

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

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

Accident, suicide, or homicide? no Date of injury ..... 19.....

Where did injury occur? never (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. none

Manner of injury: none

Nature of injury: none

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

If so, specify .....

(Signed) Addie B. Arthur M. D.

(Address) 5915 Cass

DUPLICATE

S-34642