

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

Do not use this space.

37721

1. PLACE OF DEATH

County Jackson Registration District No.
Township Kaw Primary Registration District No.
City Kansas (No. 3830 So. Benton)

File No.
Registered No. 2550
St. 1700 Ward 100

2. FULL NAME

Jack Bono
(a) Residence No. 3830 South Benton 110 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Bono
6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 21-1890
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
41 7 24
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Labor
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Italy
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Salvatore Bono
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Italy
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Florence Lisari
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Italy
(STATE OR COUNTRY)

14. INFORMANT Thomas Bono
(Address) 3824 Agnes

15. FILED 11/16/31 M. M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 14 1931
17. I HEREBY CERTIFY, That I attended deceased from Oct 22 1931 to Nov 14 1931 that I last saw him alive on Nov 14 1931, and that death occurred, on the date stated above, at 6:20 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

acute vegetative Endocarditis
9/15 (duration) yrs. mos. 22 ds.
CONTRIBUTORY (SECONDARY) 9/15 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Italy
IF NOT AT PLACE OF DEATH
19. DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS L. G. Chiusari
(Signed) L. G. Proctor, M. D.
11/16/31 (Address) 724 Proctor Bldg

*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 Mt. St. Mary Cemetery DATE OF BURIAL 11-17-1931

20. UNDERTAKER Passantino Bros. ADDRESS St. L., Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

L. G. Proctor Professional Bldg 1274

