

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

Do not use this space.

37860

**1. PLACE OF DEATH**

County Jackson  
Township Howe  
City Monroe city (No. 912 Bellefontain)

Registration District No. 350  
Primary Registration District No. 1002

File No. \_\_\_\_\_  
Registered No. 503 St. \_\_\_\_\_ Ward)

**2. FULL NAME**

Salvatore Bonanno

(a) Residence. No. 912 Bellefontain St. \_\_\_\_\_ Ward. 1  
(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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX m 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 X X X

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jun. 2 - 1928

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>0</u>	<u>3</u>	<u>5</u>	<u>23</u>	

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work non  
(b) General nature of industry, business, or establishment in which employed (or employer) non  
(c) Name of employer non

9. BIRTHPLACE (CITY OR TOWN) Monroe city  
(STATE OR COUNTRY) Missouri

**PARENTS**  
10. NAME OF FATHER Salvatore Bonanno  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Italy  
12. MAIDEN NAME OF MOTHER Gena Lucida  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Louisiana

14. INFORMANT Gena Bonanno  
(Address) 912 Bellefontain

15. FILED 11/27/31 M. M. Cowie REGISTRAR  
asst

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 25 - 1931

17. I HEREBY CERTIFY, That I attended deceased from Nov 4 1931, to Nov 25 1931, that I last saw him alive on Nov 25 1931, and that death occurred, on the date stated above, at 6 A m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Toxemia 108  
General Septicemia 3 10  
Ac. to Pneumonia 21 ds.  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 108

IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS Laboratory - chemical  
(Signed) Anthony Saladino M. D.  
1931 (Address) 733 Rialto 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 DATE OF BURIAL Nov 27 1931

20. UNDERTAKER A. S. S. S. ADDRESS city

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.

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