

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

Do not use this space.

26556

1. PLACE OF DEATH

50 County Jefferson Registration District No. 421
Township Johnson Primary Registration District No. 5575
City Peppers R.F.D. 2 (No. _____) St. _____ Ward _____

File No. _____
Registered No. 52
St. _____ Ward _____

2. FULL NAME

August Bonacker
(a) Residence, No. Peppers R.F.D. 2 St. _____ 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 <u>Male</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Emma Bonacker</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 14 - 1853</u> | | |
| 7. AGE | YEARS <u>78</u> | MONTHS <u>9</u> |
| | DAYS <u>16</u> | IF LESS than 1 day, _____ hrs. or _____ min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u> | |
| | 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) <u>Rock Creek Mo</u> | | |
| MOTHER | 13. NAME <u>Samuel Bonacker</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u> | |
| | 15. MAIDEN NAME <u>Katharina Mueller</u> | |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u> | | |
| 17. INFORMANT <u>Chas. Bonacker</u> (ADDRESS) <u>Peppers Mo</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Kulap Falls</u> DATE <u>9/2 1932</u> | | |
| 19. UNDERTAKER <u>Link and Co</u> (ADDRESS) <u>Peppers Mo</u> | | |
| 20. FILED <u>9/1 1932</u> <u>J.C. Rutledge</u> Registrar | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 30 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1 at 1932 to Aug 30 1932
I last saw him alive on Aug 30 1932 Death is said to have occurred on the date stated above, at 7 PM m.
The principal cause of death and related causes of importance were as follows:
myocarditis
Date of onset _____

Other contributory causes of importance:
Smoking

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) Dr. O. E. Husley M. D.
(Address) Peppers Mo

WRITE CAREFULLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

SEP 23 1932

