

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

Do not use this space.

37908

1. PLACE OF DEATH

County..... Registration District No. 78
Township..... Primary Registration District No. 4023
City..... (No. City of St. Mary) St. Ward.....

File No.....
Registered No. 10616 St. Ward.....

2. FULL NAME

Judge Bonner
(a) Residence, No. 5800 Arsenal St. 13 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 Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 7

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) abth 1867

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
abth 65 Unknown

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. (at) Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 237

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) Mississippi

13. NAME Bill Bonner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss.

15. MAIDEN NAME Maude Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss.

17. INFORMANT Mrs M. Effinger
(ADDRESS) 5800 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL PLACE St Louis U DATE 11-28 '32

19. UNDERTAKER Walter Richter
(ADDRESS) 3500 Rutledge St

20. FILED DEC - 1 1932 Max E. Carter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 31, 1932, to Nov. 19, 1932

I last saw him alive on Nov. 19, 1932 Death is said to have occurred on the date stated above, at 6:40 p.m.

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

Chronic Myocarditis

Date of onset

Other contributory causes of importance:

Arteriosclerosis

Name of operation..... None 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) Carl Schumacher, M. D.

(Address) Isolation Hosp.

WRITE PLAINLY, 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.

