

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

Do not use this space.

10768

1. PLACE OF DEATH

County Randolph
Township.....
City Moberly (No.)

Registration District No. 735
Primary Registration District No. 3034

File No.
Registered No. 52 St. Ward)

2. FULL NAME Mrs Nettie Bonny.

(a) Residence, No. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7/23/1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 7 23

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Missouri

FATHER 13. NAME Linn Fowler.

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

MOTHER 15. MAIDEN NAME Ann Tolson,

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

17. INFORMANT Mrs Cecil Gallimore.
(ADDRESS) Moberly

18. BURIAL, CREMATION OR REMOVAL PLACE Fayette, DATE 3/18/33, 19..

19. UNDERTAKER Guy T. Halley.
(ADDRESS) Fayette, Mo.

20. FILED 3/18 1933 Thos. S. Fleming
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/16/33, 19..

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 - 1932, to March 16, 1933

I last saw her alive on March 16, 1933. Death is said to have occurred on the date stated above, at 8:10 P.M.

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

Carcinoma of Uterus Date of onset

48

Other contributory causes of importance:

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) J. Maddox, M. D.

(Address) Moberly, Mo.

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.

Handwritten text at the top left, possibly a page number or reference code, including a triangle symbol and some illegible characters.