

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

Do not use this space.

37614-2B

1. PLACE OF DEATH

County St. Louis
Township Barclay mo
City Barclay mo (No. _____)

Registration District No. 750
Primary Registration District No. 1245

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

2. FULL NAME

(a) Residence, No. Barclay mo 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geo. Bonles.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 1 1867
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 66 8 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 13uf
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 13uf
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 13uf

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

13. NAME Sam Main

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

15. MAIDEN NAME Precious Able

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

17. INFORMANT (ADDRESS) Jessie Bonles.

18. BURIAL, CREMATION, OR REMOVAL PLACE Barclay mo DATE 11-29

19. UNDERTAKER (ADDRESS) none

20. FILED 11-29-1933 ED Johnston Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/28, 1933

22. I HEREBY CERTIFY, That I attended deceased from 11/20, 1933 to 11/28, 1933
I last saw h. alive on _____, 19____. Death is said

to have occurred on the date stated above, at 118.
The principal cause of death and related causes of importance were as follows:

Date of onset 11/20/33
131
Other contributory causes of importance Chronic nephritis - malacia -
11/1/33

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? no

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) Clifford G. Goff, M. D.
(Address) Doniphan 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.

FEB 27 1934

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