

JAN 2 2 1935

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

Do not use this space.

1. PLACE OF DEATH

County Sullivan  
Township Clay  
City (No. ...., ..... St. .... Ward)

Registration District No. 853  
Primary Registration District No. 6116

File No. 45557  
Registered No. 26

2. FULL NAME Johnathan Bonapart Deeds

(a) Residence, No. .... St. .... Ward. ....  
(Usual place of abode)  
Length of residence in city or town where death occurred 82 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Laura Deeds  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 28 1852  
7. AGE YEARS 82 MONTHS 3 DAYS 21 if LESS than 1 day, .... hrs. or .... min.

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

FATHER  
13. NAME Lewis N.B. Deeds

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

MOTHER  
15. MAIDEN NAME Sarah Ann Newman

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

17. INFORMANT (ADDRESS) Mrs Florence Payne Harris, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Deeds DATE 12/19/34 19.

19. UNDERTAKER (ADDRESS) Otto H. Reed Newtown

20. FILED Dec. 24 1934 Ruth Henderson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 18 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 1932 to Dec 18 1934  
I last saw h. alive on ..... 19..... Death is said to have occurred on the date stated above, at 7 A.m.  
The principal cause of death and related causes of importance were as follows:

57  
Causes of face  
Other contributory causes of importance:  
57

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 U.S. Bradley M. D.  
(Signed) Harris, Missouri  
(Address) .....

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.

