

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

Do not use this space.

MAR 20 1935

1. PLACE OF DEATH

County Dates
Township Butler
City Butler (No. _____)

Registration District No. 50
Primary Registration District No. 3084

File No. 4312
Registered No. 13
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

Margaret Ann Bony

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. H. Bony
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 25, 1859
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 2 30

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

MOTHER FATHER
13. NAME John Jeffries

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

15. MAIDEN NAME Isabel Mc Cormack

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

17. INFORMANT J. M. Bony
(ADDRESS) Butler Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Edwards Mo DATE Feb 26, 35

19. UNDERTAKER Calvey
(ADDRESS) Butler, Mo.

20. FILED Feb 25 1935 Nana L. Calvey
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-24-1935
22. I HEREBY CERTIFY, That I attended deceased from 2-22-1935 to 2-24-1935.
I last saw him alive on 2-24-1935. Death is said to have occurred on the date stated above, at 7:48 p.m.
The principal cause of death and related causes of importance were as follows:
Date of onset

Coronary occlusion
946

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) A. Graham Woodruff M. D.
(Address) Butler, 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.

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Call 65
E.N. City