

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.

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

Do not use this space.

APR 26 1935

11676

1. PLACE OF DEATH

County Linn
Township Shenell
City Lebanon (No.)

Registration District No. 868
Primary Registration District No. 6149

File No.
Registered No. 8
St. Ward)

2. FULL NAME

James Bonham

(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 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M.</u>	4. COLOR OR RACE <u>R.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Blandie Bonham</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 20, 1861</u>		
7. AGE YEARS <u>74</u>	MONTHS <u>1</u>	DAYS <u>13</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		11. Total time (years) spent in this occupation <u>all life</u>
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) <u>Nov. 1934</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wm. Ohio</u>		
13. NAME <u>James Bonham</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>		
15. MAIDEN NAME <u>Fanny Pauli</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>		
17. INFORMANT (ADDRESS) <u>Blandie Bonham</u> <u>Lebanon Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Shenell</u> DATE <u>March 2, 1935</u>		
19. UNDERTAKER (ADDRESS) <u>Smith & Ferguson</u> <u>Lebanon Mo</u>		
20. FILED <u>3/7</u> 19 <u>35</u> <u>J. R. Need</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1930 to Mar 6, 1935

I last saw him alive on Mar 5, 1935. Death is said to have occurred on the date stated above, at 21 m.

The principal cause of death and related causes of importance were as follows:
Angina Pectoris Date of onset

Other contributory causes of importance:
hypertension

Name of operation no Date of

What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury, 19

Where did injury occur?, 19

(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? no
If so, specify

(Signed) L. R. Pauli, M. D.
(Address) Lebanon Mo

1935
18.78

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

Do not use this space.

ALL INFORMATION CALLED
OR PRINTED - WRITTEN OR
FILE NO. ...
REGISTERED NO. ...
ST. ...

1. PLACE OF DEATH

County Texas
Township
City (No.)

Registration District No. 868
Primary Registration District No. 6129

2. FULL NAME

James Bonham

(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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 1 13

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED 3/7 1935 H. A. Reed Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 6 1935

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....

I last saw him alive on 19..... Death is said to have occurred on the date stated above, at m.

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

Date of onset

Other contributory causes of importance: Chronic Nephritis 1931 June

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) M. D.
(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.

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JUN 4 1935