

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

Do not use this space.

13763

APR 27 1936

**1. PLACE OF DEATH**

County Sullivan Registration District No. 852 File No. \_\_\_\_\_  
 Township Buncan Primary Registration District No. 6121 Registered No. \_\_\_\_\_  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Bonnie Alice Spencer

(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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) \_\_\_\_\_

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 22 1936

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

22. I HEREBY CERTIFY, That I attended deceased from Jan. 7, 1936, to Mar. 22, 1936. I last saw her alive on March 7, 1936. Death is said to have occurred on the date stated above, at 1:40 a.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 7, 1936  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 0 20 15

The principal cause of death and related causes of importance were as follows:  
not definitely known. Probably some infectious condition due to diet.

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 \_\_\_\_\_

Other contributory causes of importance: W

12. BIRTHPLACE (CITY OR TOWN) Sullivan Co. (STATE OR COUNTRY) Missouri

Name of operation W Date of \_\_\_\_\_

MOTHER 13. NAME Carl N. Spencer

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

14. BIRTHPLACE (CITY OR TOWN) Sullivan Co. (STATE OR COUNTRY) Missouri

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

15. MAIDEN NAME Oma Bundies

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

16. BIRTHPLACE (CITY OR TOWN) Spinney County (STATE OR COUNTRY) Missouri

Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

17. INFORMANT Carl N. Spencer (ADDRESS) Osaka, Mo.

Manner of injury \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL Deer Springs, Mo. DATE March 23 1936

Nature of injury \_\_\_\_\_

19. UNDERTAKER C. A. Schoene (ADDRESS) Osaka, Mo.

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_ If so, specify \_\_\_\_\_

20. FILED Apr 8 36 Cleo Hagan Registrar

(Signed) J. S. Montgomery, M. D.

(Address) Osaka, Mo.

Every item of information should be carefully supplied. A GE should be stated EARLY. 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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