

AUG 24 1936

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

Do not use this space.
26613

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No.
Township Raw Primary Registration District No. 1002 Registered No. 3283
City N. C. Mo. (No. 4003 E-51st Terrace) St. Ward)

2. FULL NAME

Mary Alice Bonnell
(a) Residence, No. 4003 - E 51st Terrace 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 Female 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 Francis M. Bonnell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-8-1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 6

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
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) St. Louis, Mo.

MOTHER FATHER
13. NAME R. L. Ferguson

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

15. MAIDEN NAME Mary Lynch

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

17. INFORMANT Mrs. B. Bonnell
(ADDRESS) 4003 East 51st St. St. Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Elizabeth's No. 7-16-36

19. UNDERTAKER Mrs. R. E. Foster
(ADDRESS) 918 Broadway, St. Louis

20. FILED July 15, 1936 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-14-1936

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1936, to July 14, 1936
I last saw h. alive on July 10, 1936. Death is said to have occurred on the date stated above, at 10:05 a.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset

Other contributory causes of importance: Arteriosclerosis

Name of operation None 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? No
If so, specify
(Signed) J. D. Ramsey M. D.
(Address) 311 Argyle Bldg

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.

Argyle bldg -

Vi-1572

13 till 2:00
