

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

AUG 27 1936

Do not use this space
27579

1. PLACE OF DEATH
County Bettis Registration District No. 168
Township Spring Fork Primary Registration District No. 15-891
City Spring Fork No. Spring Fork Route 2 Registered No. 668
St. _____ Ward _____

2. FULL NAME August A. Bonspiez
(a) Residence, No. Spring Fork RR. 2 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 26 1872</u>		
7. AGE YEARS <u>63</u>	MONTHS <u>10</u>	DAYS <u>26</u>
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</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) _____	11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lenia Kan</u>		
MOTHER / FATHER	13. NAME <u>William Bonspiez</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Poland</u>	
	15. MAIDEN NAME <u>Eva Ribinger</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT <u>Srene Bonspiez</u> (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Graves</u> DATE <u>7/18/36</u>		
19. UNDERTAKER (ADDRESS) <u>McNaughton</u>		
20. FILED <u>7/19/36</u> 19 <u>Stan Slack</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16 1936

22. I HEREBY CERTIFY That I attended deceased from Feb. 10 1926, to July 16 1936

I last saw him alive on July 10 1936 Death is said to have occurred on the date stated above, at 5 a m.

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

Other contributory causes of importance:
arteriosclerosis
stomach

Name of operation _____ Date of _____
What test confirmed diagnosis Chloro 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? _____ (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) Chas. M. D. M. D.
(Address) Spring Fork

THE UNIVERSITY OF CHICAGO LIBRARY
 540 EAST 57TH STREET
 CHICAGO, ILLINOIS 60637
 TEL: 773-936-3300
 FAX: 773-936-3300
 WWW: WWW.CHICAGO.LIBRARY.EDU