

DEC 4 1936

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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

36507

1. PLACE OF DEATH

County Wilder  
Township Clark  
City Clark No. 8

Registration District No. 896  
Primary Registration District No. 6198

File No. 46  
Registered No. 46 St.          Ward         

2. FULL NAME

(a) Residence, No. Bonnie Adnyer 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)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (with the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 13, 1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
5 16

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) Mo.

13. NAME Lloyd Adnyer

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

15. MAIDEN NAME Dorothy Cunningham

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

17. INFORMANT (ADDRESS) Clara Anderson

18. BURIAL, CREMATION, OR REMOVAL PLACE Clifton DATE Oct 1, 36

19. UNDERTAKER (ADDRESS) McMahan Funeral Home

20. FILED Oct 12 1936 Clifton Highfill Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 29 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 17 1936 to Sept. 28 1936

I last saw her alive on Sept. 28 1936. Death is said to have occurred on the date stated above, at 9:20 P. m.

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

Starvation - due to improper feeding.

Date of onset Apr. 13 '36

Other contributory causes of importance 150

Name of operation No 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) C. P. Macdonnell, M. D.

(Address) Marshfield, 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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

