

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

Do not use this space.

JAN 27 1937

1. PLACE OF DEATH

County Wright
Township Pleasant Valley
City Edgar

Registration District No. 907
Primary Registration District No. 6226

File No. 47507
Registered No. 16
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode)
Length of residence in city or town where death occurred 57 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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geo W. Bailey
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 9 1853
7. AGE YEARS 82 MONTHS 11 DAYS 26 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Sept 3 1931 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) Harrison Co (STATE OR COUNTRY) Indiana

13. NAME Charles Bonamico

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

15. MAIDEN NAME Jennina Long

16. BIRTHPLACE (CITY OR TOWN) Not known (STATE OR COUNTRY) _____

17. INFORMANT Fred Bailey (ADDRESS) Edgar Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Edgar DATE Dec 6 1936

19. UNDERTAKER Al. Bluff (ADDRESS) Manhattan

20. FILED Dec 15 1936 J. M. D. Short Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 5 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 3 1936, to Dec 5 1936
I last saw him alive on Dec 3 1936. Death is said to have occurred on the date stated above, at 5:30 p.m.
The principal cause of death and related causes of importance were as follows:
Flu

Other contributory causes of importance: Coronary

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) J. J. Tucker, M. D.
(Address) Manhattan

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.

