

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.

FEB 17 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

433

1. PLACE OF DEATH

County Candlen
 Township Russell
 City Maech Creek

Registration District No. 120
 Primary Registration District No. 5172

File No. 51
 Registered No. 1
 St. Ward

2. FULL NAME

(a) Residence, No. 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 <u>m</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Rosa Bonner</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 10 - 1884</u>		
7. AGE	YEARS <u>52</u>	MONTHS <u>1</u>
	DAYS <u>23</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>Traveling Salesman</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Wholesale Grocery</u>	
10. Date deceased last worked at this occupation (month and year) <u>Nov. 1936</u>	11. Total time (years) spent in this occupation <u>15</u>	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Maech Creek Mo.</u>
FATHER
13. NAME <u>Josiah Bonner</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Iowa</u>
MOTHER
15. MAIDEN NAME <u>Molly Winslow</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>
17. INFORMANT (ADDRESS) <u>Rosa Bonner Maech Creek</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Maech Creek Can. 1-4</u>
19. UNDERTAKER (ADDRESS) <u>L. B. Jones Buffalo Mo.</u>
20. FILED <u>1-4-1937</u> <u>D. B. Myers</u> Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-3-1937
 22. I HEREBY CERTIFY, That I attended deceased from 1-2-1937 to 1-3-1937
 I last saw him alive on 1-2-1937. Death is said to have occurred on the date stated above, at 7:20 a.m.
 The principal cause of death and related causes of importance were as follows:

Valvular Heart Disease about 1932

Other contributory causes of importance:

Name of operation Glaucoma 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? no
 If so, specify E. S. Graham J. T. Myers, M. D.
 (Signed) (Address) Candlen Maech Creek Mo.

