

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAY 27 1937

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

Do not use this space.

1. PLACE OF DEATH

County Rain Registration District No. 502 File No. 16867  
Township \_\_\_\_\_ Primary Registration District No. 4305 Registered No. 23  
City Marcelline (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

George Washington Bon  
(a) Residence, No. \_\_\_\_\_ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 14, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from Apr 14, 1937, to Apr 14, 1937

I last saw him alive on April 14, 1937. Death is said to have occurred on the date stated above, at 10:30 P. m.  
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 25 1851

7. AGE YEARS 86 MONTHS 2 DAYS 20 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railroad man  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. mechanical Dept  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

Date of onset

Myocarditis  
Other contributory causes of importance: 9301

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York City ny

13. NAME Henry Bon

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hamburg Germany

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

15. MAIDEN NAME Sophia Kistenmeister

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. \_\_\_\_\_

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

17. INFORMANT Ira Carl Bon (ADDRESS) Decorah Ill

18. BURIAL, CREMATION, OR REMOVAL PLACE Centerville Ia DATE Apr 16 1937

19. UNDERTAKER James M. Kuythler (ADDRESS) Marcelline Mo

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_

20. FILED 4915 1937 Olliv Barnett Registrar.

(Signed) P. J. Patrick, M. D.  
(Address) Marcelline Mo

