

MAY 31 1937

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

Do not use this space.

1. PLACE OF DEATH

County Ellis  
Township  
City Yvada (No. \_\_\_\_\_)

Registration District No. 875  
Primary Registration District No. 3039

File No. 17838  
Registered No. 120  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. 706 E. Ashland 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 Female 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 Louis Bonetack

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 16, 1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
78 5 10

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) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

13. NAME Joseph Staff

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

15. MAIDEN NAME unknown

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

17. INFORMANT Jennie Swafford (ADDRESS) Yvada, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Wardley Maus DATE April 27, 1937

19. UNDERTAKER Ferry Funeral Home (ADDRESS) Yvada, Mo

20. FILED 4/27 1937 M. C. C. C. C. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1937 to April 26, 1937  
I last saw her alive on April 25, 1937 Death is said to have occurred on the date stated above, at 8:30 A. M.  
The principal cause of death and related causes of importance were as follows:

Chronic Cardio-vascular renal disease with hyper-tension  
Date of onset 8yr

Other contributory causes of importance:  
1931

Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
What test confirmed diagnosis Pathological report

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) \_\_\_\_\_, M. D.  
(Address) \_\_\_\_\_

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.

