

JUL 31 1937

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

Do not use this space.

1. PLACE OF DEATH

County Platte
Township Weston
City (No. _____) _____

Registration District No. 698
Primary Registration District No. 592p

File No. 24622
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Henry W. Bounell

(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) Married

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

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

22. I HEREBY CERTIFY That I attended deceased from May 10 1936 to June 14 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 12 1846

I last saw him alive on June 14 1937 Death is said to have occurred on the date stated above, at 11A.m.

7. AGE YEARS 90 MONTHS 6 DAYS 7 If LESS than 1 day, _____ hrs. or _____ min.

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

Paralysis

Date of onset May 10 36

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

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Platte Cos Mo

Name of operation none Date of _____

13. NAME Wm Bounell

What test confirmed diagnosis? _____ Was there an autopsy? no

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

15. MAIDEN NAME Leathene Shell

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) Indiana

17. INFORMANT (ADDRESS) Herbert Bounell Weston Mo

Manner of injury _____ Nature of injury _____

18. BURIAL, CREMATION, OR REPOSING PLACE Chesnut Ridge DATE June 14 37

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

19. UNDERTAKER (ADDRESS) Jos B Bounell Weston Mo

(Signed) Jos M. H. H. H. M. D.

20. FILED 6/15 37 Jos Bounell Registrar

(Address) Dearborn, Mo.

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

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REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Platte Registration District No. 698
Township Weston Primary Registration District No. 5726
City (No.) St. Ward

File No. 7 34622
Registered No. _____

2. FULL NAME Henry W. Bonnell

(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

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Josephine Brady
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 12 - 1846
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
90 6 2
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. farmer
10. Date deceased last worked at this occupation (month and year) Dec 16 1928 11. Total time (years) spent in this occupation all life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Weston mo

MOTHER FATHER 13. NAME Henry W. Bonnell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Weston mo

MOTHER 15. MAIDEN NAME Josephine Brady

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Weston mo

17. INFORMANT (ADDRESS) maud Regual

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED 6/15/37 JH Brill Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6 - 14 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 16 1846 to 6-14 1937

I last saw him alive on 6-14 1937. Death is said to have occurred on the date stated above, at 11 a. m.
The principal cause of death and related causes of importance were as follows:

paralysis
Cerebral Hemorrhage
Other contributory causes of importance: 82 W
Date of onset

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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?
If so, specify Jas. M. Hale M. D.
(Signed) Dearborn mo
(Address)

$$\frac{1}{2} \frac{11}{2} \\ 1156$$

$$\begin{array}{r} 16.31 \\ 3.12 \\ \hline 13.19 \end{array}$$

$$18.00$$

$$17.19$$

$$\hline 9.81$$

$$2.48 \frac{1}{2}$$

$$8 \frac{1}{2}$$

24622