

OCT 22 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

34858

1. PLACE OF DEATH

County New MadridRegistration District No. 604Township UnionPrimary Registration District No. 5802City Union(No. 1)St. Mo.Ward 1

2. FULL NAME

Bonnie Ayers(a) Residence, No. 1St. Mo.Ward 1

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. 1mos. 1ds. 1

How long in U. S., If of foreign birth?

yrs. 1mos. 1ds. 1

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

about 1927

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, 1 hrs. or 1 min.about 10

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

school child

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)

Lithuan - Mo.

MOTHER FATHER

13. NAME

Fred Ayers

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

New Madrid Mo.

15. MAIDEN NAME

Maie Mitchell

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

Ark.

17. INFORMANT (ADDRESS)

Fred Ayers
Lithuan Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Kennett Mo.DATE Sept 21

1937

19. UNDERTAKER (ADDRESS)

Richard Hunt & Co.
New Madrid Mo.

20. FILED

9/25 1937 Wm. O'Bannon

Registrar.

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

Sept 20 1937

22. I HEREBY CERTIFY, That I attended deceased from

Aug 29 1937, to Sept 20 1937I last saw him alive on Sept 20 1937. Death is saidto have occurred on the date stated above, at 9 a.m.

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

Endocarditis - IntermittentDate of onset Aug 20 1937

Other contributory causes of importance:

Chorea
Arthritis

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 19Where 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) Clarence M. Rosen, M. D.(Address) Minister Mo.

