

DEC 21 1937

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

Do not use this space.

1. PLACE OF DEATH

County Laclede  
Township  
City Lebanese (No. \_\_\_\_\_)

Registration District No. 449  
Primary Registration District No. 4267

File No. 41701

Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Samuel Bonar

(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.

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 Martha R Bonar

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 5 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
79 3 23

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.

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) Washington Co Pa.

13. NAME Samuel Bonar

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Co Pa

15. MAIDEN NAME Elizabeth A. Andrew

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

17. INFORMANT Martha R Bonar  
(ADDRESS) Lebanese, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Lebanese DATE 11/30 1937

19. UNDERTAKER W. E. Halman  
(ADDRESS) Lebanese, Mo.

20. FILED 11-29-37 J. A. McCreb  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/28 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1937, to Nov 28, 1937

I last saw him alive on Nov 28, 1937. Death is said

to have occurred on the date stated above, at L.P. m.

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

Apoplexy

Date of onset

Other contributory causes of importance:

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

What test confirmed diagnosis? Physic 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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) J. E. Bleckensdale, M. D.

(Address) Lebanese, Mo.

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.

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W. Bleckensdale

