

DEC 29 1937

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

Do not use this space.

42673

1. PLACE OF DEATH

County Mexus
Township Sherrell
City Licking (No. _____)

Registration District No. 865
Primary Registration District No. 6149

File No. _____
Registered No. 23
St. _____ Ward _____

2. FULL NAME Mrs. Blanche Bonham

(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. ~~UNMARRIED~~ WIDOWED, ~~OR~~ Widowed
(OR) WIFE OF J. C. Bonham

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 16, 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
71 11 28

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

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) Nov 1937 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrisburg Mo.13. NAME William Bellwell14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known in Virginia15. MAIDEN NAME Susan16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known Penn17. INFORMANT Mrs. C. E. Johnson (ADDRESS) Saverton Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Shaffer Cem DATE Nov 17 3719. UNDERTAKER W. Smith & Ferguson (ADDRESS) Licking Mo20. FILED 11/15 1937 W. H. Reed Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 14 193722. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1937, to Nov 14, 1937I last saw him alive on Nov 13, 1937. Death is said to have occurred on the date stated above, at 4 p m.

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

Mitral Regurgitation Date of onset151Other contributory causes of importance: Chronic nephritis 6/1934Name of operation none 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? no 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? no

If so, specify _____

(Signed) Leslie Randall, M. D.(Address) Licking Mo

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

DATE: 10/15/78

BY: [Signature]

FOR: [Signature]

TO: [Signature]

FROM: [Signature]

RE: [Signature]

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