

JAN 10 1938

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

43411
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791 1**
(b) Township..... Primary Registration District No. **1003 2**
(c) City..... (d) Street No. **BARNES HOSPITAL** Registered No. **11661**
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Tony Bono**

(a) Residence, No. St. **Alton Ill**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **M** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Rosa Bono.**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **laborer**
9. Industry or business in which work was done, as saw mill, bank, etc. **23**
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation **23**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Italy 10**
13. NAME **Nick Bono**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Italy 16**
15. MAIDEN NAME **Unknown.**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Italy 16**

17. INFORMANT **Tony Bono**
(ADDRESS) **Alton Ill**
18. BURIAL, CREMATION, OR REMOVAL PLACE **Alton Ill** DATE **Dec. 20, 1937**
19. FUNERAL DIRECTOR **huly Bros**
(ADDRESS) **Alton Ill**

20. **DEC 20 1937** 19... Local Registrar. **J. P. Bradeck**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **12-20-1937**
22. I HEREBY CERTIFY, That I attended deceased from **12-19-1937** to **12-20-1937**
I last saw him alive on **12-20-1937** Death is said to have occurred on the date stated above, at **4 a.m.**
The principal cause of death and related causes of importance were as follows:

Broncho pneumonia bilateral Date of onset **12/16/37**
Myelogenous leukemia chronic 1934?

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? **yes**

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) **F. R. Bradley**, M. D.
(Address) **BARNES HOSPITAL**

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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STATEMENT BY LICENSED EMBALMER

I, Howard F Rowland, Licensed Embalmer No. 3714

hereby certify that the body recorded on the reverse side of this certificate was embalmed by John Peter
..... L. E.

No. 3880 or by Registered Apprentice No.
working under my personal supervision.

Signed Howard F Rowland
Licensed Embalmer No. 3714

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)