

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.

REC'D AUG 12 1938

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis, Mo.

Registration District No. 791
Primary Registration District No. 1003

File No. 23898
Registered No. 6592
St. _____ Ward _____

2. FULL NAME Bonnie Cagle

(a) Residence, No. Frank Clay, Mo. 24th St. NR Ward. Frank Clay, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Never yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-9-29

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
8 10 13

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

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

FATHER 13. NAME Garfield

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

MOTHER 15. MAIDEN NAME Opal Jost

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

17. INFORMANT A. Schwieder
(ADDRESS) 500 So. Kings highway

18. BURIAL, CREMATION, OR REMOVAL PLACE Frank Clay, Mo. DATE 7-26-1938

19. UNDERTAKER Sparks Funeral Home
(ADDRESS) Potosi, Mo.

20. FILED JUL 24 1938 J. F. Bredbeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-22-38, 19

22. I HEREBY CERTIFY, That I attended deceased from 7-22-38, 19, to 7-22-38, 19.

I last saw him alive on 7-22-38, 19. Death is said to have occurred on the date stated above, at 6:10 a.m.

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

Septicemia in blood (type not known) caused unknown
Other contributory causes of importance: not known
Date of onset 7-21-38

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) H. J. Blatter, M. D.

(Address) 500 So. Kings highway

Embalmed by
Howard G. Rowland
No 3114
St. Louis Mo