

SEP 19 1938

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

Do not use this space.

1. PLACE OF DEATH

County Putnam
Township Wilson
City Unionville (No. 7 St. 30 Ward)

Registration District No. 718
Primary Registration District No. 5-948

File No. 29805
Registered No. 30

2. FULL NAME

(a) Residence, No. Elmer Adolphus Bonebright St. 30 Ward 30
(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 male 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 Stella Bonebright

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 25 1873

7. AGE YEARS 64 MONTHS 7 DAYS 8 If LESS than 1 day, hrs. or min.

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

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) Jan 1938 11. Total time (years) spent in this occupation all

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

13. NAME Jacob Bonebright

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Rebecca Harbert

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT Jar Bonebright (ADDRESS) Unionville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Unionville Cemetery DATE Aug. 5 - 1938

19. UNDERTAKER Comstock Mord Co. (ADDRESS) Unionville

20. FILED Aug 3 1938 H. W. Gillum Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 17, 1938 to Aug 3, 1938

I last saw him alive on Aug 3, 1938 Death is said to have occurred on the date stated above, at 9:10 AM.

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

Cancer of Stomach Date of onset 3

Other contributory causes of importance:

Name of operation clinical Date of 1938

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 1938

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) H. W. Gillum M. D.

(Address) Unionville, Mo

RECEIVED

District Health Officer No. 10

District File Number 10-38-130

Date Filed 9-15-38