WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MAY 22 1939

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

Do not use this space.

15503

1. PLACE OF DEATH

County: Marion
Township: ~~Liberty~~
City: Palmyra (No. ..., ... St. ..... Ward)

Registration District No. 548.
Primary Registration District No. 4323.

File No. .....
Registered No. 21.

2. FULL NAME 25 Bonnie Jean Fessenden

(a) Residence, No. Palmyra, Mo. St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 1 mos. 15 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): Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 22, 1939

7. AGE: YEARS 0 | MONTHS 1 | DAYS 15 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Infant
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): Palmyra, Mo. 0

FATHER
13. NAME: Benjamin F. Fessenden 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Warren, Mo. 0

MOTHER
15. MAIDEN NAME: Lolla Shannon
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ralls County, Mo.

17. INFORMANT (ADDRESS): B.F. Fessenden, Palmyra, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt. Zion Cemetery Miller Twp. DATE: 4/8/39, 19

19. UNDERTAKER (ADDRESS): Lewis Bros, Palmyra, Mo.

20. FILED: April 8, 1939. Gertrude Lee, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 3, 1939, to April 7, 1939
I last saw her alive on April 4, 1939. Death is said to have occurred on the date stated above, at 4:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	4-4-39
107a	

Other contributory causes of importance: None

Name of operation ..... 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? ..... 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) Dr. T. A. Rosella, M. D.
(Address) Palmyra Mo.