

1933 JUN 12

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

16701
Do not use this space.
4235

1. PLACE OF DEATH Barnes Hospital 791
(a) County Registration District No. 1008
(b) Township Primary Registration District No. ...
(c) City or St. Louis, Mo. (d) Street No. Barnes Hospital St.
(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. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.
2. PRINT FULL NAME Joe Bonner
(a) Residence, No. Mound City, Ill. St. NR
(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 Male 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 8, 1924
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. I 4 8 27
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. School-boy
9. Industry or business in which work was done, as 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) Mo.
13. NAME Edward Bonner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.
15. MAIDEN NAME Mattie Mc. Bride
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.
17. INFORMANT Edward Bonner (ADDRESS) Mound, Ill.
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 5--7-39
19. FUNERAL DIRECTOR (NAME) (ADDRESS) F. L. Garner 2829 Washington Ave.
20. FILE MAY 7 1939 J. D. Brubaker Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6, 1939
22. I HEREBY CERTIFY, That I attended deceased from ... 19....., to....., 19.....
I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 12:30 P.M.
The principal cause of death and related causes of importance were as follows:
Glascapped brain following a fight which resulted in a skull fracture of the occipital condyle in the head with a ball bat in the hands of one Kelly Stewart
Other contributory causes of importance: Belupent 9:00 and 10:00 AM March 8, 1939 at East Frank Mo.
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 May 3, 1939
Where did injury occur East Frank, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, at home, or in public place. Public place
Manner of injury See above
Nature of injury
24: Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) J. D. Brubaker, M. D.
(Address) East Frank, Mo.

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Arthur L. Hilliard*

Licensed Embalmer No. *3389*

P. O. Address *3028 Dick*

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.)

If this body is not embalmed, above space should be left blank.