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.

50M-10-22-36 I X9314

REC'D JUL 14 1939

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

Do not use this space.

21715

1. PLACE OF DEATH

14 County Callaway 2 Registration District No. 102 File No.

Township Jackson Primary Registration District No. 5100 Registered No. 21

City Buxvasse (No. ..... St. ..... Ward)

516

2. FULL NAME Wallace Bonepart

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(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: Colored
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)

7. AGE: YEARS 63 | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Callaway County

FATHER

13. NAME Aron Bonepart
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway O

MOTHER

15. MAIDEN NAME Rachael Eilly O
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline County

17. INFORMANT (ADDRESS) Ben Bonepart Bachelor Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Wet Stones DATE 6-14 1939

19. UNDERTAKER (ADDRESS) A. L. Reynolds Mexico Mo

20. FILED June 13 1939 C. B. Nichols Registrar.

MEDICAL CERTIFICATE OF DEATH 1939

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 27, 1939, to June 11, 1939

I last saw him alive on June 6, 1939. Death is said to have occurred on the date stated above, at 3:30 a.m.

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

Cystitis and retention of urine

Date of onset

Other contributory causes of importance: Apoplexy 82 ii

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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 ....., 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? no

If so, specify .....

(Signed) C. B. Nichols, M. D.

105 (Address) Buxvasse Mo