

NOV 24 1939

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

Do not use this space.

36602

1. PLACE OF DEATH

County McDonald
Township Pinckneyville
City 516 (No. 516)

Registration District No. 1149
Primary Registration District No. 5698

File No. _____
Registered No. 9 St. _____ Ward _____

2. FULL NAME

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

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 Cora Bonebrake

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 24 - 1876

7. AGE YEARS 63 MONTHS 1 DAYS 20 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spliner, 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) McDonald Co. Mo.

13. NAME Cornelius Bonebrake

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind. Mo.

15. MAIDEN NAME Jessie Stafford

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

17. INFORMANT Cora Bonebrake (ADDRESS) Pinckneyville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pinckneyville DATE 10-15-1939

19. UNDERTAKER (ADDRESS) Chas. W. Williams

20. FILED 1-7-39 Lee & Correll Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1939, to Oct 13, 1939.

I last saw him alive on Oct 13, 1939. Death is said to have occurred on the date stated above, at 7:45 a.m.

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

Other contributory causes of importance: 59

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 _____, 1939.

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) W. H. Norton, M. D.

(Address) Pinckneyville, 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.

123314

RECEIVED

District Health Officer No. 6,

District File Number 1139-2312

Date Filed NOV 10 1939

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JUN 16 1949