

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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. See instruction on back of certificate.

Missouri

STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

Do Not Use This Space

26484

1. PLACE OF DEATH
23 1940

County

Stone

Township

Williams

Registration District No.

847

Inc. Town or City

Berryville Mo.

Primary Registration District No.

6112

File No.

(No. (If death occurred in a hospital or institution, give its NAME instead of street and number) St., Ward)

Length of residence in city or town where death occurred yrs., mos., days. How long in U. S. if of foreign birth yrs., mos., days.

2. FULL NAME

Geo Bonham

(a) Residence: No.

Berryville Mo.

St.

Ward

(If non-resident, give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

Male

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word)

Married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of

Martha Bonham

6. DATE OF BIRTH

April 12

(Month)

(Day)

1860

(Year)

7. AGE

Years

72

Months

2

Days

8

If LESS than 1 day

hrs. or min.

OCCUPATION

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

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)

1939

11. Total time (years) spent in this occupation

6

Former

PARENTS

12. BIRTHPLACE (city or town) (State or country)

Mo.

13. NAME OF FATHER

Eli Bonham

14. BIRTHPLACE OF FATHER (city or town) (State or country)

D. K.

15. MAIDEN NAME OF MOTHER

Malissa Sparks

16. BIRTHPLACE OF MOTHER (city or town) (State or country)

D. K.

17. INFORMANT

(Address)

Martha Bonham Berryville Ark. R. 4

18. BURIAL

(Place)

(Date)

(Address)

19. UNDERTAKER

(Address)

(Address)

20. Filed

July 10, 1940

Nelson Funeral Home Berryville Ark. J. E. Chappell Jr. Registrar

21. DATE OF DEATH

June 20

(Month, day, year)

1940

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1940, to June 20, 1940.

I last saw him alive on July 20, 1940; death is said to have occurred on the date stated above at 8-00 a.m.

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

Date of onset

Cardiac Arrest

Other contributory causes of importance:

45°

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)

Alvin Boyd

M. D.

Address Green Forest, Ark.

ARKANSAS STANDARD CERTIFICATE OF DEATH

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate term, as *servant*—*private family*, *Cook*—*hotel*, etc. For a person who had no occupation whatever, write *none*.

To be complete, an occupation return must state:

8. The trade, profession, or particular kind of work done.
9. The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of Cause of Death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

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

	Date of Onset
<i>Arteriosclerosis</i>	<i>1916</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>
Other contributory causes of importance:	
<i>Gallstones</i>	<i>May 1, 1923</i>

EXAMPLE II

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

	Date of Onset
<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>
Other contributory causes of importance:	
<i>Gastroenteritis</i>	<i>1 year</i>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

RECEIVED

District Health Officer No. 6.

District File Number. *340-2450*

Date Filed *Aug 12 1928*