

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

Do not use this space.

MAR 25 1935

5123

1. PLACE OF DEATH

County Henry Registration District No. 347
 Township Clinton Primary Registration District No. 3018
 City Clinton (No. _____) St. _____ Ward _____

File No. _____

Registered No. 94

2. FULL NAME

Dora Belle Bonham

(a) Residence, No. 720 Allen 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 7 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank Bonham

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 9 1893

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>62</u>	<u>10</u>		

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home work
 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) Butler mo
 (STATE OR COUNTRY)

FATHER
 13. NAME Clark Hutchison

14. BIRTHPLACE (CITY OR TOWN) Don't know
 (STATE OR COUNTRY)

MOTHER
 15. MAIDEN NAME Martha Eaves

16. BIRTHPLACE (CITY OR TOWN) Don't know
 (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Frank Bonham Clinton mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Clinton Mo DATE Feb 10 35

19. UNDERTAKER (ADDRESS) Consoler & Beck Clinton mo

20. FILED 7-5 1935 J. R. Haughton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/9/35

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 33 to Feb 7 35
 I first saw her alive on Feb 7 35 Death is said to have occurred on the date stated above, at 6:15 PM.

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

Chronic Myocarditis
Streptococcus septicemia from infected teeth.

Other contributory causes of importance:
Streptococcus septicemia from infected teeth.

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) R. S. Hallingmarck M. D.
 (Address) Clinton 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.

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