

1933 FEB 10 1933

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

Do not use this space.

1. PLACE OF DEATH
 County Osage Registration District No. 1125
 76 Township Linn Primary Registration District No. 58539
 City (No) _____ St. _____ Ward _____

2. FULL NAME Emile Lucien Bonnat
 (a) Residence No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

File No. 2577
Registered No. _____
St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Marys. Maire

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 18 - 1855

7. AGE YEARS MONTHS DAY If LESS than 1 day, hrs. or min.
77 7 4

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Retired farmer
 (b) General nature of industry, business, or establishment in which employed (or employer) 97
 (c) Name of employer _____

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 22, 1933

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1933 to Jan 26, 1933, and that I last saw him alive on Jan 15, 1933, and that death occurred, on the date stated above, at 7:45 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General Atherosclerosis
(duration) yrs. mos. da.
CONTRIBUTORY (SECONDARY) 97
(duration) yrs. mos. da.

9. BIRTHPLACE (CITY OR TOWN) Doubs
 (STATE OR COUNTRY) France

10. NAME OF FATHER Claud Francis Bonnat

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) France

12. MAIDEN NAME OF MOTHER Emma Peche

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) France

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS _____
 (Signed) E. R. Meads M. D.
 , 19 (Address) Bonnats Mill Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT Eugene Constant Bonnat
 (Address) _____

15. FILED 1-22-33 C. J. DeLoe
 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL B.M. Cath Cem. DATE OF BURIAL 1-25 1933
 20. UNDERTAKER D. Locke ADDRESS Bonnats Mill

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.

