Dr Raines

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

Do not use this space.

File No. 17127

Registered No.

1. PLACE OF DEATH

County Macon

Township Middle fork

City (No. St. Ward)

Registration District No. 535

Primary Registration District No. 5 [illegible]

61

2. FULL NAME William S. Bonham

(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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Helen V. Bonham

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 4 - 1901

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
32	3	0	

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. Farming

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) Audrain Co Mo.

FATHER

13. NAME John K. Bonham

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike Co. Mo.

MOTHER

15. MAIDEN NAME Josie L. Burch

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

17. INFORMANT (ADDRESS) John K. Bonham Anabel, Mo. R 2

18. BURIAL, CREMATION, OR REMOVAL

PLACE Fairview Mo. DATE 5 - 6 1933

19. UNDERTAKER (ADDRESS) Stephens & Goodding Macon Mo.

20. FILED 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5 - 4 1933

22. I HEREBY CERTIFY, That I attended deceased from Sep. 3 1933, to May 4 1933

I last saw him alive on May 1 1933 Death is said to have occurred on the date stated above, at 1 P.M.

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

Anemia. Due to Tuberculosis of bowels

Date of onset

Other contributory causes of importance:

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) A. M. Raines, M. D.

(Address) Macon 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.

JUN 23 1933