REC'D JUL 17 1939

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

21651
Do not use this space.

1. PLACE OF DEATH
(a) County Butler 3 Registration District No. 89
(b) Township 2 Primary Registration District No. 3007 Registered No.
(c) City Poplar Bluff (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 550 Norma Lee Bonham
(a) Residence, No. Piggott, Ark St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Child
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 9, 1930
7. AGE YEARS 9 MONTHS 5 DAYS 29 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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) Piggott Arkansas

FATHER
13. NAME Jas. Burrus Bonham
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Caruthersville Mo.

MOTHER
15. MAIDEN NAME Addie Cochran
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pollard Ark

17. INFORMANT (ADDRESS) Jas. Burrus Bonham
18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Piggott DATE July 10, 1939
19. FUNERAL DIRECTOR (ADDRESS) Leoyd Russell Piggott, Ark
20. FILED ....., 19.... Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8th, 1939
22. I HEREBY CERTIFY, That I attended deceased from July 7th 1939 to July 8th, 1939
I last saw her alive on July 8th, 1939. Death is said to have occurred on the date stated above, at 7:00 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	7/6/39

121

Other contributory causes of importance:
Perforated Gangrenous Appendicitis 7/5/39

Name of operation Laparotomy Date of 7/7/39
What test confirmed diagnosis? Operation 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) C. L. Qualls, M. D.
8.9 (Address) Poplar Bluff, Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

I X12004

STATEMENT BY LICENSED EMBALMER

I, Lloyd Russell, Licensed Embalmer No. 509

hereby certify that the body recorded on the reverse side of this certificate was embalmed by ME

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed Lloyd Russell

Licensed Embalmer No. 509

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

21651
Do not use this space.

1. PLACE OF DEATH
(a) County Butler — Registration District No. 89
(b) Township — Primary Registration District No. 3007 — Registered No. 164
(c) City Poplar Bluff (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Norma Lee Bonham
(a) Residence, No. Piggott ark. St. ☐
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-9-1930
7. AGE YEARS 9 MONTHS 5 DAYS 29 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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) Piggott ark
FATHER
13. NAME Jas. Burns Bonham
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Caruthersville Mo
MOTHER
15. MAIDEN NAME Addie Cochran
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pollard ark
17. INFORMANT (ADDRESS) Jas. Burns Bonham
18. BURIAL, CREMATION, OR REMOVAL
PLACE Piggott DATE 7-10 1939
19. FUNERAL DIRECTOR (ADDRESS) L. Lloyd Russell Piggott ark
20. FILED 8/2 1939 O. Gutzinger Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-8, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1939, to July 8, 1939
I last saw her alive on July 8, 1939. Death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
peritonitis	

Other contributory causes of importance:
perforated Gangrene, appendicitis 7/5/39
Name of operation Laparatomy Date of 7/7/39
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) C. L. Qualls, M. D.
(Address) Poplar Bluff Mo

SUPPLEMENTARY

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.