

MAY 27 1930

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

Do not use this space.

13375

1. PLACE OF DEATH

County MonteairRegistration District No. 571Township WalkerPrimary Registration District No. 5769

City

(No.)

St. Ward)

2. FULL NAME

(a) Residence. No. Mary Katherine Bonworth 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

Female

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

Geo Bonworth

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

June 13 - 1857

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

72102

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Monteair Co

10. NAME OF FATHER

John Klein

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

12. MAIDEN NAME OF MOTHER

Bertaud Dedrick

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

14.

INFORMANT (Address)

John Bonworth California Mo

15.

FILED

April 30 1930

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 15 1930

17.

I HEREBY CERTIFY, That I attended deceased from June 22, 1930 to June 21 30, 1930. That I last saw h.c. alive on June 14, 1930, and that death occurred, on the date stated above, at 7:15 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hyperthyroidism - Incomplete heart mitral valve - meningitis, incomplete -
(duration) yrs. 2 mos. 13 ds.

Causing hallucinations, delirious
CONTRIBUTORY (SECONDARY) required medical attention -
(duration) yrs. mos. ds.

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) J. P. Burch Jr., M. D.4/17 1930 (Address) California 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Cedron Cemetery 4/17 1930

20. UNDERTAKER

ADDRESS

Willow & Fred Meyer California

5760

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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