Dr. Monsees

FEB 21 1929

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

Do not use this space.

745

1. PLACE OF DEATH
County Cole Registration District No. 213 File No.
Township Primary Registration District No. Registered No. 20
City Jefferson (No. 3024 St. Ward)

2. FULL NAME Bonnie Jean Rocher

(a) Residence. No. (Usual place of abode) St., Ward. (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
female	white	single

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 28 1928

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
		2	12	

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

9. BIRTHPLACE (CITY OR TOWN) Jefferson City Mo
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Oscar Rocher
11. BIRTHPLACE OF FATHER (CITY OR TOWN) California Mo
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Judy Stoner
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Bagnell Mo
(STATE OR COUNTRY)

14. INFORMANT Oscar Rocher
(Address) Jefferson City Mo

15. FILED 1-16 1929 Registered REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 9 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 7 1929 to Jan 9 1929 that I last saw h[er] alive on Jan 8 1929 and that death occurred, on the date stated above, at ...m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
DPT
10 F
(duration) ...yrs. ...mos. ...ds.
CONTRIBUTORY (SECONDARY) Bronchitis
(duration) ...yrs. ...mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH 2 Days
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Edw. Wiemers M. D.
Jan 19 1929 (Address) Jeff City 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
Woodlawn Cemetery California Mo	1-10 1929
20. UNDERTAKER Wymore & Gordon	ADDRESS Jeff 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.

THIS CERTIFICATE CONTAINING INFORMATION IS A PERMANENT RECORD