

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

Do not use this space.

14607

JUN 25 1927

1. PLACE OF DEATH

County Calloway Registration District No. 213-

Township Jefferson Primary Registration District No. 3014-

City Jefferson (No. _____) St. _____ Ward _____

File No. _____

Registered No. 133-

St. _____ Ward _____

2. FULL NAME

(a) Residence. No. Earl William Bond Ward. _____

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. _____

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

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

Infant

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (or) WIFE OF

Child of W. A. Bond

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

April 3-1927

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

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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

Child

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

J. C. Mo. St. Mary's Hospital

10. NAME OF FATHER

W. A. Bond

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Miller Co. Mo.

12. MAIDEN NAME OF MOTHER

Odessa Shipman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Call County Mo.

14.

INFORMANT (Address)

W. A. Bond J. C. Mo. RR #3 Box 17

15.

FILED

5/20-1927 D. V. Bedford REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

May 19-1927

17.

I HEREBY CERTIFY That I attended deceased from May 17-1927 to May 19-1927

that I last saw him alive on May 19-1927 and that death occurred, on the date stated above, at 6:30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

colitis

119 B

113 B

CONTRIBUTORY (SECONDARY)

(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) D. V. Bedford M. D.

5/20, 1927 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

Embor Cemetery Russellville Mo.

5/20 1927

20. UNDERTAKER

ADDRESS

Walther - Wymore

J. C. Mo.

8/20/27

N. B.—Every item of information 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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