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.

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 11366

Township ..... Primary Registration District No. 1003 Registered No. 3206

City ..... (No. 214 S Beaumont St. ..... Ward)

2. FULL NAME Alvertis Bond

(a) Residence. No. 214 S. Beaumont St., 22 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 28-1926

7. AGE: YEARS 1 MONTHS 5 DAYS 22 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Augustus Simpkins
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Tenn
12. MAIDEN NAME OF MOTHER Thresea Bond
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Palestine
(STATE OR COUNTRY) Ark

14. INFORMANT Thresea Bond
(Address) 214 South Beaumont

15. FILED ..... 19.. Max C Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3 — 20 1928

17. I HEREBY CERTIFY, That I attended deceased from March 19, 1928, to March 20, 1928, that I last saw him alive on March 19, 1928, and that death occurred, on the date stated above, at 3:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar pneumonia

108

(duration) — yrs. — mos. 11 ds.

CONTRIBUTORY (SECONDARY) .....

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? 0

DID AN OPERATION PRECEDE DEATH? No. DATE OF 0

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? 0

(Signed) John Paul Nemours, M. D

3/20, 1928 (Address) 3142 Franklin Ave.

*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: Washington Park
DATE OF BURIAL: 3 — 21. 1928

20. UNDERTAKER: Peoples Und Co
ADDRESS: 3100 Franklin