

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

Do not use this space.

5207

1. PLACE OF DEATH
 County Wagon Registration District No. 875
 Township Walden Primary Registration District No. 6162
 City Wendell (No.) St. Ward

2. FULL NAME Lura Bond
 (Usual place of abode) State Hosp #3 St. Ward
 Length of residence in city or town where death occurred 2 yrs. 1 mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

File No.
 Registered No. 18

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED single
 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF none

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 05-1893

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
36 101 1875

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

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

10. NAME OF FATHER F U Bond

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Paulina Hunt

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ind

14. INFORMANT State Hosp Record
 (Address) Nevada Mo

15. FILED 2-22-29 E. B. King REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 4 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov 1 1927 to Jan 4 1929 that I last saw her alive on Jan 4, 1929, and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
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Atehar Pneumonia
 (duration) yrs. mos. 2 da.

CONTRIBUTORY (SECONDARY) 1010
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH? unknown

19. DID AN OPERATION PRECEDE DEATH? no DATE OF none

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical
 (Signed) E. J. Coon, M. D.

1-4, 1929 Address Nevada 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
Holden Mo Jan 5 1929

20. UNDERTAKER ADDRESS
Allen V Heays Nevada 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.

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PARENTS

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