

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

Do not use this space.

26892

1. PLACE OF DEATH

741 County Nodaway
Township Hughes
City Braham (No. 070)

Registration District No. 622
Primary Registration District No. 6-824

File No. _____
Registered No. 9
St. _____ Ward) _____

2. FULL NAME

Unnamed child Mr. & Mrs. Lloyd Bond

(a) Residence, No. _____ St., _____ Ward.

(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ♂ 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July Aug 22, 1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 30

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Braham Mo. (STATE OR COUNTRY) _____

FATHER 13. NAME Lloyd Bond

14. BIRTHPLACE (CITY OR TOWN) Braham Mo. (STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME Emma Marks

16. BIRTHPLACE (CITY OR TOWN) Council Bluffs Iowa (STATE OR COUNTRY) _____

17. INFORMANT H.C. Briggles (ADDRESS) Council Bluffs Ia.

18. BURIAL, CREMATION, OR REMOVAL PLACE Braham Cemetery DATE Aug 22

19. UNDERTAKER Price Funeral Co. (ADDRESS) Maryville Mo.

20. FILED Aug 2 1932 Mrs. E. L. Morgan Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 22 1932

22. I HEREBY CERTIFY That I attended deceased from Aug 22 to 1932, 19____.

I last saw him alive on Aug 22, 1932. Death is said to have occurred on the date stated above, at 159 m.

The principal cause of death and related causes of importance were as follows:

Premature birth
159 (5 mos)
Other contributory causes of importance: 159

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? 3

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____.

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) R. W. Lilly D.D.

(Address) W. Centennial, 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.

SEP 30 1932

