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.

APR 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123 — File No. 11450

Township Carondelet — Primary Registration District No. 624803 — Registered No. 77

City Jefferson Barracks (No. Veterans' Administration Facility St. Ward)

2. FULL NAME Jesse F. BOND

(a) Residence, No. 3734 Washington Blvd., St. Louis, Mo. Ward.
(Usual place of abode) (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)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 20, 1878

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, — hrs. or ... min.
	55	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Office

10. Date deceased last worked at this occupation (month and year) January, 1934

11. Total time (years) spent in this occupation 25 Yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union City Tennessee

FATHER

13. NAME Robert Bond

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable Shelby County, Tennessee

MOTHER

15. MAIDEN NAME Betty Harrison

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knoxville Tennessee

17. INFORMANT (ADDRESS) E. T. Gallagher, L. D. Act. Clin. Dir. Vets. Adm. Fac. Jeff. Bks. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Nat Cem. Jeff Bk DATE 3-16 1934

19. UNDERTAKER (ADDRESS) Mullen Blvd. C 5165 Delmar Blvd.

20. FILED 3/14 1934 Oz. Tate M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from January 30, 1934, to March 14, 1934

I last saw him alive on March 14, 1934. Death is said to have occurred on the date stated above, at 6:35 A.M.

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

	Date of onset
Hepatitis, Chronic	Unkn.
1178	
1278	
1293	
Other contributory causes of importance: Perforated Gastric Ulcer extending to Gall Bladder	Unkn.

1179

Name of operation Cholecystotomy Date of Mch. 13/34

What test confirmed diagnosis? X-Ray & Operation Was there an autopsy? No

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) W. C. GIBSON, M.D. Manager, MXS.

(Address) Vets. Adm. Fac., Jeff. Bks., Mo.