

N. B.—Every item of information should be carefully checked. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

FEB 7 1937

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

Do not use this space.

1992

1. PLACE OF DEATH

County Lafayette
Township
City Higginsville, (No. 1)

Registration District No. 460
Primary Registration District No. 459d

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME Mrs. Laura E. Bond

(a) Residence, No. _____ St. _____ 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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 10, 1850

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>86</u>	<u>3</u>	<u>20</u>	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Patient at Confederate Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1162
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation. 27

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knox County, Tenn.

FATHER
13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT A. B. Kirby
(ADDRESS) _____

18. BURIAL CREMATION, OR REMOVAL PLACE Springfield, Mo. DATE _____ 19 _____

19. UNDERTAKER J. W. Sluder
(ADDRESS) Higginsville, Mo.

20. FILED Feb. 6 1937 W. C. Webb
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 1st 1937 to Jan 20 1937

22. I HEREBY CERTIFY That I attended deceased from Dec 1st 1937 to Jan 20 1937
I last saw her alive on Jan 29 1937. Death is said to have occurred on the date stated above, at S. A. H. m.
The principal cause of death and related causes of importance were as follows:

Hypostatic Pneumonia Date of onset 1-27-37

Other contributory causes of importance: Suppurative Laceration of Scalp Jan 11-37

Name of operation None Date of _____
What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Jan 11, 1937
Where did injury occur? Confederate Home, Higginsville
(Specify city or town, county, and State) no
Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury St. fell against Radiator
Nature of injury Laceration of Scalp

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) Ernest M. Moore M. D.
(Address) Higginsville, Mo.

1961

1962

1963

1964

1965

1966

1967

1968

1969

1970

10
0

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

Do not use this space.

1. PLACE OF DEATH

County Ladayette
Township Higginville
City Higginville (No. _____)

Registration District No. 460
Primary Registration District No. 4274

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Mrs Laura E. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _____, 19__

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

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1st, 1936, to Jan. 20, 1937
I last saw him alive on Jan. 22, 1937. Death is said to have occurred on the date stated above, at 2:20 p.m.
The principal cause of death and related causes of importance were as follows:
My postate pneumonia

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
86 3 20

Date of onset _____

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 _____

Other contributory causes of importance _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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

FATHER
13. NAME _____

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

MOTHER
15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19__

19. UNDERTAKER (ADDRESS) _____

20. FILED Feb. 6 1937 Tiffany Webb Registrar

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) Ernest M. Moore, M. D.
(Address) Higginville, mo

A. D. - Every return of information must be filed in plain terms, so that it may be properly classified. Exact statement of CAUSE OF DEATH

SPECIAL

5-1992

RECEIVED
MAY 19 1992