

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.

FEB 19 1937

1. PLACE OF DEATH FEB 19 1937

County Randolph

Registration District No. 735

File No. 2709

Township

Primary Registration District No. 3034

Registered No. 10

City Moberly

(No. 468 Burkhart)

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME William F. Bond

(a) Residence, No. 468 Burkhart St. \_\_\_\_\_ Ward \_\_\_\_\_

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 12<sup>th</sup>, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from Dec. 13, 1936 to JAN 12<sup>th</sup>, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 28<sup>th</sup> 1862

I last saw him alive on JAN 12<sup>th</sup>, 1937. Death is said to have occurred on the date stated above, at 12<sup>06</sup> P.M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min. 74 10 14

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

MYOCARDIAL Degeneration Date of onset Jan 13 1937

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

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 None

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

13. NAME Wm F. Bond

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

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

What test confirmed diagnosis? PHYS Was there an autopsy? No

15. MAIDEN NAME Bell Work

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? None Date of injury \_\_\_\_\_, 19\_\_\_\_

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

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Mrs Mae Bond (ADDRESS) Moberly Mo

Manner of injury \_\_\_\_\_ Nature of injury \_\_\_\_\_

18. BURIAL, CREMATION OR REMOVAL PLACE Moberly Mo DATE 1-14, 1937

24. Was disease or injury in any way related to occupation of deceased? No

19. UNDERTAKER Mahan and Son (ADDRESS) Moberly Mo

If so, specify \_\_\_\_\_ (Signed) Benj. S. Jolly, M. D.

20. FILED 1/14 1937 Virginia Walker Registrar

(Address) Moberly, Mo

