Dr Rambo
REC NOV 14 1938

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

35475
Do not use this space.

1. PLACE OF DEATH

(a) County: Cole
(b) Township:
(c) City: Jefferson
Registration District No.: 213
Primary Registration District No.: 3014
Registered No.: 289
(d) Street No.: St. Mary's Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
530

2. PRINT FULL NAME Ben F. Bond

(a) Residence, No. 213 Jackson St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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: Lillian Louella Bond

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May-15-1869

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
69	5	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Retired Stock
9. Industry or business in which work was done, as 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) (STATE OR COUNTRY): Miller County, Mo

FATHER
13. NAME: Shelby Bond
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER
15. MAIDEN NAME: Mary A. Hale
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Miller County, Mo.

17. INFORMANT: Mrs. Ben F. Bond
(ADDRESS): Jefferson City, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Spring Garden, Mo. DATE: Oct-30- 1938

19. FUNERAL DIRECTOR (NAME): Thos. J. Gordon
(ADDRESS): Jefferson City Mo

20. FILED: Oct 31 1938 Mrs. Leopold M. Ohl
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-22, 1938, to 10-28, 1938
I last saw him alive on 10-27, 1938. Death is said to have occurred on the date stated above, at 9 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchi-	
an Pneumonia	
9 d C	

Other contributory causes of importance:
Chronic Myocarditis
Chr. Bronchiectasis.
Bilat. Ing. Hernia.

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy?

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. W. Caudill, M. D.
(Address): 406 Central Trust Bldg. Jefferson City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Ferd P. Dulle, or by

Registered Apprentice No. _____, working under my personal supervision.

Signed Ferd P. Dulle

Licensed Embalmer No. 3890

P. O. Address Jefferson City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.