

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

25900
Do not use this space.

DEC 0 AUG 17 1939

1. PLACE OF DEATH

(a) County Gaspen Registration District No. 411
(b) Township Gaspen Primary Registration District No. 2002 Registered No. Freeman Hospital
(c) City Gaspen (d) Street No. Freeman Hospital
(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 yes mos. ds. (If how long in U. S., if of foreign birth? yes mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 2117 Bond St. 31 yrs AUG
(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 Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 18 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 60 10 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Auto. Business
9. Industry or business in which work was done, as saw mill, bank, etc. Auto. Business
10. Date deceased July 24 1939 Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Crowsfordville, Mo.

FATHER 13. NAME E. J. Bonner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gaspen, Mo.

MOTHER 15. MAIDEN NAME Genevieve Overman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gaspen, Mo.

17. INFORMANT (ADDRESS) James J. Bond, 2117 Bond St., Gaspen, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Freeman Hospital, Gaspen, Mo., July 24 1939

19. FUNERAL DIRECTOR (ADDRESS) James J. Bond, 2117 Bond St., Gaspen, Mo.

20. FILED 26 1939 Ed D. James Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24 1939

I HEREBY CERTIFY That I attended deceased from April 19 1939 to July 24 1939, 1939.
I last saw him alive on July 24 1939. Death is said to have occurred on the date stated above, at Gaspen, Mo.

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

Edema of lung
Chronic valvular heart disease

Other contributory causes of importance: None

Name of operation None Date of no

What best confirmed diagnosis None Was there an autopsy? no

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) Michael J. Jeggio

(Address) Gaspen, 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.

RECEIVED

District Health Officer No. 6,

District File Number 839-1659

Date Filed AUG 10 1939

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E.

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

Signed _____

Licensed Embalmer No. _____

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