

AUG 16 1927

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

Do not use this space.

20839

## 1. PLACE OF DEATH

County Callaway  
Township  
City Fulton (No. ....)

Registration District No. 104  
Primary Registration District No. 3008

File No. ....  
Registered No. 148  
St. .... Ward)

## 2. FULL NAME

Mr. Ponds  
(a) Residence. No. Boone Co Mo. St. .... Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 10 mos. 7 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

No information

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

7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min.

74 | No information

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer.

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN); (STATE OR COUNTRY)

Mo.

10. NAME OF FATHER

No information

11. BIRTHPLACE OF FATHER (CITY OR TOWN); (STATE OR COUNTRY)

No information

12. MAIDEN NAME OF MOTHER

No information

13. BIRTHPLACE OF MOTHER (CITY OR TOWN); (STATE OR COUNTRY)

No information

14.

INFORMANT State Hospital records  
(Address) Fulton Mo.

15.

FILED 8/31 1927 R. N. Crews  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

July 31 - 1927

17.

I HEREBY CERTIFY That I attended deceased from July 10 - 1927 to July 31 - 1927 that I last saw him alive on July 31 - 1927, and that death occurred, on the date stated above, at 9:00 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic Myocarditis

90 B (duration) 93 C yrs. mos. ds.  
99

CONTRIBUTORY Arteriosclerosis  
(SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Chief of Gynps,

(Signed) J. R. Frazer, M. D.

7-31-1927 (Address) Fulton Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Columbia Mo

DATE OF BURIAL

8/1 1927

20. UNDERTAKER

Tom Mc Harg

ADDRESS

Columbia Mo

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.

