

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

Do not use this space.

Emil

1. PLACE OF DEATH

County *Worth*
Township *Fletcher*
City *Grant City*

Registration District No. *903*
Primary Registration District No. *4545*

File No. *32575*
Registered No. *19*
St. _____ Ward _____

2. FULL NAME

Mary Josephine - Martin - Bond

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred *34 yrs. 6 mos. 9 da.* How long in U.S., if of foreign birth? _____ yrs. _____ mos. _____ da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

Wm Bond

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

April 10, 1869

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<i>58</i>	<i>58</i>	<i>5</i>	<i>21</i>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *House wife*

(b) General nature of industry, business, or establishment in which employed (or employer) *None*

(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) *Wells Co. Ind.*

PARENTS

10. NAME OF FATHER

S. S. Martin

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Don't know

12. MAIDEN NAME OF MOTHER

Supilla Edmundson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Don't know

14.

Informant *Vernon Bond*
(Address) *Grant City, Mo.*

15.

Filed *Nov 11, 1927* *John Andrews*
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Oct - 7 1927

17. I HEREBY CERTIFY, That I attended deceased from *July - 1924* to *Oct - 7 1927*, and that I last saw him alive on *Oct - 7 1927*, and that death occurred, on the date stated above, at *10:01 a.m.*

THE CAUSE OF DEATH WAS AS FOLLOWS:

Influenza
116 90 W
(duration) *3* yrs. _____ mos. _____ da.

CONTRIBUTORY (SECOND OR)

Influenza (duration) _____ yrs. _____ mos. *20* da.

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? *Delayed signs*

(Signed) *J. Press*, M. D.

Oct 8, 1927 (Address) *Grant City, 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

DATE OF BURIAL

Grant City, Mo. *Oct 9 1927*

20. UNDERTAKER

ADDRESS

Or Prugh *Grant City*

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.

Nov 29 1930

