JUL 26 1928

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.

21502

1. PLACE OF DEATH
County Pike
Township Inwood
City Bowling Green (No. ..... St. ..... Ward)
Registration District No. 682
Primary Registration District No. 4408
File No. .....
Registered No. 20

2. FULL NAME Lydia Bondurant Magee
(a) Residence. No. ..... St., ... Ward. .....
(Usual place of abode) (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

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: James Magee

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct. 26 1853

7. AGE: Years 74 | Months 7 | Days 9 | If LESS than 1 day, ... hrs. or ..... min.

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) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pike Co.

PARENTS
10. NAME OF FATHER: Joseph M. Bondurant
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): unknown
12. MAIDEN NAME OF MOTHER: Martha Ann Lacey
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Pike Co (?)

14. INFORMANT: Mrs. Leon Branstetter
(Address) Bowling Green Mo

15. FILED 7/10, 1928 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 6/5 1928

17. I HEREBY CERTIFY, That I attended deceased from May 21, 1928, to June 5, 1928, that I last saw her alive on June 4, 1928, and that death occurred, on the date stated above, at 5.10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemmorhage

74 A

(duration) ..... yrs. ..... mos. 15 ds.

CONTRIBUTORY (SECONDARY) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? no DATE OF none
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) [signature], M. D
, 19 (Address) Bowling Green 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: Curryville Cemetery
DATE OF BURIAL: 6-6-1928

20. UNDERTAKER: Grace Bonkhead
ADDRESS: Bowling Green Mo