22 1928

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

Do not use this space.

34129

1. PLACE OF DEATH

County Livingston — Registration District No. 508 — File No.

Township — Primary Registration District No. 3026 — Registered No. 108

City Chillicothe (No. ..... St. ..... Ward)

2. FULL NAME Miss Catherine Pond

(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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept. 1. 1872

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
56	1	23.	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: House wife. 66B

(b) General nature of industry, business, or establishment in which employed (or employer): 117B

(c) Name of employer: 118C

9. BIRTHPLACE (CITY OR TOWN) Chillicothe
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER: David Pond.

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

12. MAIDEN NAME OF MOTHER: Sarah Coyle.

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

14. INFORMANT: Mrs Isabel Geick.
(Address) Chillicothe Mo.

15. FILED 10-26 1928 Reuben Bonney
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3.

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-24 1928

17. I HEREBY CERTIFY, That I attended deceased from July 28, 1928, to Oct 24, 1928 that I last saw her alive on Oct 24, 1928, and that death occurred, on the date stated above, at 7.30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pyloric Stenosis from duodenal Ulcer Complicated with Toxic Thyroid
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) [signature]
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? St Joseph Mo

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

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Hypoxy Xray Etc

(Signed) C. D. Simpson, M.D

Oct 30 1928 (Address) Chillicothe 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: Edgewood Cemetery

DATE OF BURIAL: 10-26 1928

20. UNDERTAKER: R. M. Marshall

ADDRESS: Chillicothe 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.