

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

Do not use this space.

8088

**1. PLACE OF DEATH**

County.....  
Tewaship.....  
City.....

Registration District No. 791  
Primary Registration District No. 1008

File No. 1740  
Registered No. 1740  
St. .... Ward)

**2. FULL NAME**

(a) Residence. No. 2334 Carr St. 231 Ward.

(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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 4. COLOR OR RACE colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 2 - 1927

7. AGE YEARS MONTHS DAYS If LESS than 1 day, in hours or min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work nil  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) MO

PARENTS

10. NAME OF FATHER William Bonds

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

12. MAIDEN NAME OF MOTHER Cleo Ray

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis (STATE OR COUNTRY) MO

14. INFORMANT Bud Ray (Address) 2334 Carr

15. FILED MO - 6 1929 Marie Starkey REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-2 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1929, to Feb 2, 1929, that I last saw h. alive on Feb 2, 1929, and that death occurred, on the date stated above, at 8:20 P m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

atelectasis

CONTRIBUTORY (SECONDARY) 16 (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, clinical

(Signed) J. A. [unclear], M. D.

, 19 Feb 2 (Address) St. Louis 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

Greenwood

Feb 6 1929

20. UNDERTAKER

ADDRESS

Kenneth - Son

2700 Wash St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

