

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.

MAY 27 1931

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

Do not use this space.

10774

1. PLACE OF DEATH

County Miller  
Township Shelburne  
City Shelburne (No. ....)

Registration District No. 562  
Primary Registration District No. 4331

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

2. FULL NAME

David Vernon Bondra

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

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 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 Emma Bondra

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9 - 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
77 9 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boonville Mo.

13. NAME Green Berry Bondra

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME Minerva Plumlee

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Mrs. Emma Bondra  
Shelburne

18. BURIAL, CREMATION, OR REMOVAL PLACE Shelburne DATE 4/1 - 1931

19. UNDERTAKER (ADDRESS) G. F. Casey  
Shelburne

20. FILED May 9 1931 W. A. van Gravel  
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/31 1931

22. I HEREBY CERTIFY, That I attended deceased from Mar 16 1931, to Mar 31 1931  
I last saw him alive on Mar 30 1931 Death is said to have occurred on the date stated above, at 12:40 a.m.

The principal cause of death and related causes of importance were as follows:

Bronch Pneumonia  
IIA  
IDA IIA

Other contributory causes of importance:  
Influenza

Date of onset Mar 16

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? Yes  
If so, specify W. A. van Gravel, M. D.  
(Signed) Shelburne Mo  
(Address)

