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.

JUN 24 1931

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

Do not use this space.
17152

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No.
Township — Primary Registration District No. 1001 — Registered No. 493
City St.Joseph, (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME George W.Bermond
(a) Residence, No. St., Ward. San Antoine, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Eliza E.Bermond

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan,10,1854

7. AGE: YEARS 77 — MONTHS 3 — DAYS 24 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer 1
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): Apr,1931
11. Total time (years) spent in this occupation: 60

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Buchanan Co, Mo. 1

FATHER
13. NAME: John Bermond
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Ohio. 2

MOTHER
15. MAIDEN NAME: Martha J.Campbell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Ohio.

17. INFORMANT (ADDRESS): Ernest D.Bermond Amity,Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bowen Cemetery DATE May,7,1931,19

19. UNDERTAKER (ADDRESS): Walter Meinhoffer 1302 Faraon St.St.Joseph,Mo.

20. FILED MAY 6 1931 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May,4,1931, 19

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1931, to May 4, 1931
I last saw him alive on May 4, 1931. Death is said to have occurred on the date stated above, at 2.50 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Bronchial	?
95 B	
107 A	
1070	

Other contributory causes of importance:
Heart disease, arteriosclerosis

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no

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? —
If so, specify
(Signed) L H Frison, M. D.
(Address) St Joseph Mo Kirkpatrick Bldg, St.Joseph, Mo.