

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.

JUL 22 1931

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

Do not use this space.

20582

1. PLACE OF DEATH  
 11 County Buchanan Registration District No. 85  
 Township \_\_\_\_\_ Primary Registration District No. 1001  
 City St. Joseph, Mo. (No. Missouri Methodist Hos.) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Wilford Owen Bong  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. Maitland, 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. \_\_\_\_\_  
 Registered No. 593  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 5, 1920

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
11 11 29 x

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School  
 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) Unknown Kansas

MOTHER  
 13. NAME George A. Bong  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Kansas  
 15. MAIDEN NAME Bertha L. Fishback  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Kansas

FATHER  
 17. INFORMANT George A. Bong  
 (ADDRESS) Maitland, Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Maitland, Mo. DATE June 6, 1931

19. UNDERTAKER F. Leeman Funeral Home  
 (ADDRESS) St. Joseph, Mo.

20. FILED JUN 8 1931  
John R. Bender  
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4, 1931

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1931, to June 4, 1931  
 I last saw him alive on June 4, 1931. Death is said to have occurred on the date stated above, at 9:35 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Bronchopneumonia, acute Date of onset 10da  
12A  
2D  
137A  
 Other contributory causes of importance:  
Intracranial Hemorrhage with Hemiplegia 1928

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? none 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? no  
 If so, specify \_\_\_\_\_  
 (Signed) W. Roger Moore, M. D.  
 (Address) St. Joseph, Mo.

APR 20 1964

APR 20 1964

APR 20 1964

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County..... Registration District No. 85-  
 Township..... Primary Registration District No. 1001  
 City St. Joseph (No.....) St. .... Ward.....

File No.....  
 Registered No. 193

**2. FULL NAME**

(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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
 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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE..... DATE..... 19

19. UNDERTAKER (ADDRESS)

20. FILED 8-1- 1931 John R. Sanders Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4 1931

22. I HEREBY CERTIFY That I attended deceased from ..... to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at..... m.

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

*Directly Pneumonia*  
*hemorrhagic back 3 or 4 years when*  
*beginning over heated spinal fluid*  
*bloody and probably due to*  
*infection but could not examine*  
*due to cause of blood mixture*  
 (Date of onset)  
*Intra cranial*  
*hemorrhage with*  
*hemiplegia*

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? no incident

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)..... M. D.  
 (Address).....

**SUPPLEMENTARY**

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

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