

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

Do not use this space.

25354

1. PLACE OF DEATH

County Jasper Registration District No. 407 File No. _____
 Township Jasper Primary Registration District No. 11148 Registered No. _____
 City Jasper (No. 3-5-61) St. _____ Ward _____

2. FULL NAME

Alfaretta S. Bond
 (a) Residence, No. Wentworth Mrs. St. Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jun 22, 1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 5 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

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) Bristol Conn

FATHER 13. NAME Sam'l Holt

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

MOTHER 15. MAIDEN NAME Lydia Dalton

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

17. INFORMANT (ADDRESS) Mrs Maude B Tracy

18. BURIAL, CREMATION, OR REMOVAL PLACE Bristol Conn DATE July 8, 1931

19. UNDERTAKER (ADDRESS) Mohr's Undertaking Co.

20. FILED 7-3-31 OK Gray Registrar

3 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from April 1st 1931 to July 3rd 1931.
 I last saw her alive on July 3 1931. Death is said to have occurred on the date stated above, at 9:30 a.m.
 The principal cause of death and related causes of importance were as follows:

Milroy's disease
153 153A
 Other contributory causes of importance: Edegnat, and elephantiasis

Name of operation None Date of _____
 What test confirmed diagnosis? _____ 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) J. W. Clark M. D.
 (Address) Cartersville, Ga.

WHITE 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.

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