

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.

JAN 19 1937

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

40128

26

## 1. PLACE OF DEATH

County BollingerRegistration District No. 69Township WaynePrimary Registration District No. 5-108City Wayne (No.       )File No.       Registered No.       St.        Ward       

## 2. FULL NAME

Golda Marie Bond(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

female

## 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)

July 7 1926

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs.        min.       5515

## OCCUPATION

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.

none

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)

Randels Mo

## MOTHER FATHER

## 13. NAME

Harvey Opal Bond

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

Amriston Mo

## 15. MAIDEN NAME

Boulah Fay Tolbert

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

Ill

## 17. INFORMANT (ADDRESS)

Harvey Opal Bond

## 18. BURIAL, CREMATION, OR REMOVAL

buried

## PLACE

St. Louis Mo

DATE

Dec 13 1931

## 19. UNDERTAKER (ADDRESS)

Charles Way

## 20. FILED

13-12-1931G. T. Kirkpatrick

Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 12 193122. I HEREBY CERTIFY, That I attended deceased from Dec 9 1931, to Dec 12 1931I last saw her alive on Dec 12 1931. Death is said to have occurred on the date stated above, at 3:30 a.m.

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

Diphtheria

Date of onset

aboutDec 9

Other contributory causes of importance:

Cold on lungs

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? no

If so, specify

(Signed) T. F. Tarpley, M. D.(Address) Switzerland Mo.

