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.

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

Do not use this space.

24428

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis Mo (No. 4268 Botanical Ave. St. ..... Ward)

File No. .....

Registered No. 6553

2. FULL NAME William Everett Bon Durant

(a) Residence, No. 4268 Botanical St., 17 Ward. (If nonresident, give city or town and State)
(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.

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 Bon Durant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 8/20 1858

7. AGE: YEARS 73 MONTHS 8 DAYS 27 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mo. Pac. Acct.

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): Virginia

FATHER

13. NAME: Thos. N. Bon Durant

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

MOTHER

15. MAIDEN NAME: Sarah Niblett

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

17. INFORMANT (ADDRESS): F. R. Bon Durant 2338 Tower Grove Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Lebanon DATE 7-19-32, 19

19. UNDERTAKER (ADDRESS): Alexander Sons 6175 Delmar Blvd

20. FILED JUL 17 1932 19 Max C. Starkloff Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/17/32, 19

22. I HEREBY CERTIFY, That I attended deceased from 1928, 19, to July 17, 1932

I last saw him alive on July 17, 1932. Death is said to have occurred on the date stated above, at 2/30 A.M

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

Chronic Nephritis

Hypertension

Date of onset

Other contributory causes of importance:

131 131 ①

102

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) Wesley W. Hanford, M. D.

(Address) 6104 Easton Ave.

M. H. Hanford.
Mo Pac Hosp