

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

Do not use this space.

**1. PLACE OF DEATH**

1 County Adair Registration District No. 4  
 2 Township \_\_\_\_\_ Primary Registration District No. 3001  
 7 City Kirksville (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 38205  
 Registered No. 194  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

James David Bondurant  
 (a) Residence No. 918 South Waterpathy St. 3 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 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 Rose Bondurant  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-2-1859  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
73 10 15

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. Bakery, creamery, bottling work,  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation. 19 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME David S. Bondurant

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

15. MAIDEN NAME Elinora Hope

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

17. INFORMANT W. P. Bondurant (ADDRESS) Kirksville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Camp Ground, Downing DATE 12-20-1932

19. UNDERTAKER Dee Riley (ADDRESS) Kirksville Mo.

20. FILED Dec 23, 1932 Mrs C. H. Becker Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 17, 1932  
 22. I HEREBY CERTIFY, That I attended deceased from Nov. 26, 1932 to Dec. 17, 1932  
 I last saw him alive on Dec. 17, 1932. Death is said to have occurred on the date stated above, at 12 1/2 m.  
 The principal cause of death and related causes of importance were as follows:

Influenza & Solar Pneumonia  
Prostatic Obstruction  
Prostatic Hypertrophy  
and Urinary Sepsis  
 Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? Medical Was there an autopsy? No

Date of onset Dec 14, 1932  
 11A  
 108  
 137

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) F. J. Riggs, M. D.  
 (Address) Kirksville Mo.

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 21 1933

