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.

JUN 19 1934

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St Louis Mo (No. 6238 Columbia Ave St. ..... Ward)

File No. 18925

Registered No. 5441

2. FULL NAME Collins Pinckney Bondurant

(a) Residence, No. 6238 Columbia Ave 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: Lillie Bondurant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 8 - 1850

7. AGE: YEARS 83 MONTHS 6 DAYS 22 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 936

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation 95

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

FATHER

13. NAME: James Bondurant

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont know

MOTHER

15. MAIDEN NAME: Amelia Taylor

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): N. Carolina

17. INFORMANT (ADDRESS): Ben Bondurant 6238 Columbia ave

18. BURIAL, CREMATION, OR REMOVAL

PLACE Cape Girardeau Mo DATE May 31, 1934

19. UNDERTAKER (ADDRESS): Hy Leidner Und Co 1417 N Market St

20. FILED [illegible], 19 J. F. Beedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 30th, 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr. 10, 1934, to May 30, 1934

I last saw him alive on May 29, 1934. Death is said to have occurred on the date stated above, at 3:00 A.m.

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

	Date of onset
(1) Myocarditis Chronic	7
(2) Bronchio Pneumonia	2 days
(3)	

Other contributory causes of importance: Cardiac Decompensation

Name of operation no Date of ✓

What test confirmed diagnosis? Clinical 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? .....

If so, specify .....

(Signed) W. F. Cowland M. D.

(Address) 5730 Southwest Ave

Dr. [illegible]
5930 [illegible]