

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

Do not use this space.

21611

1. PLACE OF DEATH
 County Ripley Registration District No. 751
 Township Thomas Primary Registration District No. 5990
 City Naylor (No. _____) St. _____ Ward _____

2. FULL NAME Billie Junior - 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.

File No. 47
 Registered No. 487

AUG 16 1934

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 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) Jan. 10, 1934

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 day, _____ hrs. or _____ min.
		<u>5</u>	<u>18</u>	

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

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

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) Naylor - Mo.

MOTHER FATHER 13. NAME Geo. Bond

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pliver - Ark

15. MAIDEN NAME Jelma McMurry

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Naylor, Ripley, Mo.

17. INFORMANT Jelma Bond

18. BURIAL, CREMATION, OR REMOVAL PLACE Antioch DATE June 29, 1934

19. UNDERTAKER Missie Gosh (ADDRESS) Naylor, Mo.

20. FILED July 12, 1934 Heembolt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1934, to June 28, 1934

I first saw him alive on June 28, 1934 Death is said to have occurred on the date stated above, at 1:30 p.m.

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

Malaria stomatitis and pharyngitis

Date of onset event

Other contributory causes of importance: stomatitis and pharyngitis

Name of operation _____ Date of _____

What test confirmed diagnosis? stool 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 _____

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) Heembolt, M. D.
 (Address) Naylor, Mo.

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.

1953

1954

1955

1956

1957

1958

1959

1960

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1962

Rapley

47

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Belle Junior Bond
Who died at _____ on June 28 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex M Color or race W Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 0 Months 5 Days 18

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Malasia - Tomatoes and Month _____ Year _____
Birthplace (State or country) Pharyngitis
Birthplace of father (State or country) _____
Birthplace of mother (State or country) _____
Principal cause of death: simple pneumonia

Other contributory causes of importance _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
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 _____
Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
Name of physician J. E. White
Address of physician Naylor Mo

Signature of Registrar J. E. White Date filed _____

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 751

Very truly yours,

E. T. McLaugh

Primary Reg. Dist. No. 5990

State Registrar
Special Agent.

STANDARD COMMERCIAL BANK
ALBANY, CALIFORNIA
CASH ACCOUNT

STANDARD COMMERCIAL BANK
ALBANY, CALIFORNIA

NOV 19 1911

5-21611

TO THE ORDER OF THE ALBANY, CALIFORNIA
CASH ACCOUNT
NOV 19 1911

DEPOSITED TO THE ORDER OF THE ALBANY, CALIFORNIA
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