

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.

1. PLACE OF BIRTH

County Barry

Registration District No. 30

Township Monett

Primary Registration District No. 3003

City Monett (No. 1)

File No. 28229

Registered No. 54

St. Mo. Ward 1

2. FULL NAME

Dilla Ann Bandy

(a) Residence, No. 1

St. 1

Ward 1

(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

F

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

L. A. Bandy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

sec 15 1885

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

48

8

7

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

Housewife

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)

Barry Mo

13. NAME

Robert Henderson

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

Barry Co Mo

15. MAIDEN NAME

Inman

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

Barry Co Mo

17. INFORMANT (ADDRESS)

Key's A. Bandy

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Barry Mo

DATE

8/14

1934

19. UNDERTAKER (ADDRESS)

Monett Mo

20. FILED

8-14-

1934

W. M. Mallett

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Aug 17 1934

22. HEREBY CERTIFY, That I attended deceased from

Aug 9 1934 to Aug 12 1934

I last saw h. alive on Aug 12 1934 Death is said

to have occurred on the date stated above, at 4:00 p.m.

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

Myocardial Failure

Hypertensive Pulmonary

Date of onset

Aug 6

Other contributory causes of importance:

Operated upon 4-6 wks. prior

Name of operation Do not know 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 Frank Key

(Signed) Monett Mo M. D.

(Address) Monett Mo



DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

54

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: Silla Ann Bondy
Who died at _____ on Aug 12 - 1935
Residence: No. _____ St. _____
(If nonresident, city or town)

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

Date of birth _____ Age: Years 48 Months 8 Days 7

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.

myocardial failure Hypostatic pneumonia
Date deceased last worked at this occupation: Month _____ Year _____
Birthplace (State or country) _____
Birthplace of father (State or country) _____
Birthplace of mother (State or country) _____
Principal cause of death: Operated 4-6 previous
exploratory laparotomy

Lobar 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 _____

Address of physician _____

Signature of Registrar E. T. McGaugh Date filed 7/4/35

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. 30

Very truly yours,
E. T. McGaugh M.D.
J.C.

Primary Reg. Dist. No. 3003

Special Agent.

5-28229

5-28229