

DEC 27 1934

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

Do not use this space.

40454

1. PLACE OF DEATH

County WheelerRegistration District No. 757Township ThomasPrimary Registration District No. 5990City Lawler

(No. _____)

File No. 58Registered No. 598

St. _____ Ward _____

2. FULL NAME Jenny 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>L. Bond</u>
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6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 10, 1870

7. AGE	YEARS <u>64</u>	MONTHS <u>8</u>	DAYS <u>10</u>	If LESS than 1 day, <u>X</u> hrs. or _____ min.
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OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>38</u>
	10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation 4512. BIRTHPLACE (CITY OR TOWN) Paris Tenn
(STATE OR COUNTRY)13. NAME Dick King14. BIRTHPLACE (CITY OR TOWN) Paris Tenn
(STATE OR COUNTRY)15. MAIDEN NAME Elizabeth Hicks16. BIRTHPLACE (CITY OR TOWN) Paris Tenn
(STATE OR COUNTRY)17. INFORMANT Mrs. Catherine Francis
(ADDRESS)18. BURIAL, CREMATION, OR REMOVAL Wagon, no
PLACE Wagon, no DATE Nov 14, 193419. UNDERTAKER Mrs. M. C. Gish
(ADDRESS) Wagon, no20. FILED 11/17 1934 Heimbelt

Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 2, 193422. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1934, to Nov. 2, 1934I last saw him alive on Nov. 2, 1934. Death is saidto have occurred on the date stated above, at 10A m.

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

Thrombosis causing artery occlusionHeart Rec

Other contributory causes of importance:

Remittent fever - no complete recovery -Name of operation None Date of _____What test confirmed diagnosis? None Was there an autopsy? _____23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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) E. M. Davidson, M. D.(Address) Wagon, no

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.

THIS IS A PERMANENT RECORD

