

DEC 9 7 1934

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

Do not use this space.

40454

1. PLACE OF DEATH

County Wheeler
Township Thomas
City Hayes (No. _____)

Registration District No. 757
Primary Registration District No. 5990

File No. 58
Registered No. 598
St. _____ Ward _____

2. FULL NAME Jimmey 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 Female 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 L. Bond

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 10, 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 4 hrs. or 10 min. 64 8 10

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. 38

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris Tenn

13. NAME Dick King

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

15. MAIDEN NAME Elizabeth Hicks

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

17. INFORMANT (ADDRESS) Mrs. Gertrude Francis

18. BURIAL, CREMATION, OR REMOVAL Waylor, no

PLACE Waylor Co DATE Nov 14 1934

19. UNDERTAKER (ADDRESS) Mrs. M. G. Gish

Waylor, Mo

20. FILED 11/17 1934 Heembelt Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 2 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1934, to Nov 2, 1934

I last saw her alive on Nov 2, 1934. Death is said

to have occurred on the date stated above, at 10A m.

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

Thrombosis Ovarian artery etc

Heart Rec

Other contributory causes of importance:

Remittent fever - not completely recovered -

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 _____, 1934

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) Waylor 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.

RECORD THIS IS A PERMANENT RECORD

