

MAY 27 1935

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

Do not use this space.

12696

1. PLACE OF DEATH

County HarrisonRegistration District No. 334Township ShermanPrimary Registration District No. 5-466

City _____ (No. _____)

St. _____ Ward _____

2. FULL NAME

Thomas Riley Bondurant

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Virgie Mc-Coy6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 29, 18677. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 68 2 128. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Turner9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stocks & Grain10. Date deceased last worked at this occupation (month and year) Apr, 1935 11. Total time (years) spent in this occupation 5012. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gilman City Mo13. NAME Jacksons14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Ky15. MAIDEN NAME Raziah Mc-Gee16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Ky17. INFORMANT Virgie Bondurant (ADDRESS) Harrison City Mo18. BURIAL, CREMATION OR REMOVAL PLACE On High DATE Apr. 14 3819. UNDERTAKER James P. Ray (ADDRESS) Paducah Mo

20. FILED _____ REGISTRAR _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 11, 193522. I HEREBY CERTIFY That I attended-deceased-from wounded the body, 19____

I last saw h. _____ alive on _____, 19____ Death is said

to have occurred on the date stated above, 12:05 P.M.

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

Chronic Myocarditis Date of onset 1928

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? History 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 _____

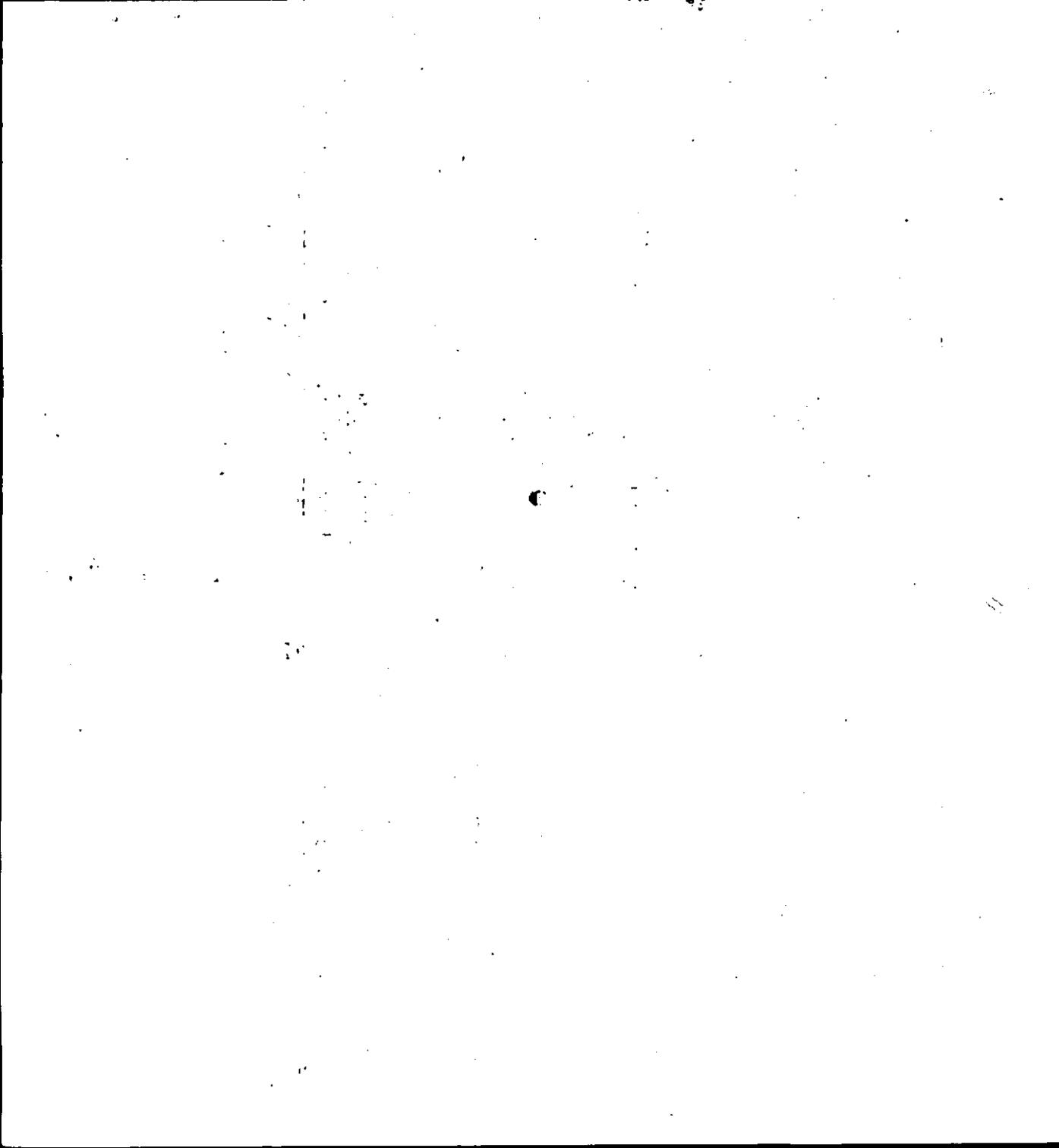
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? noIf so, specify James P. Ray coroner

(Signed) _____ M. D.

(Address) Paducah 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.



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1. PLACE OF DEATH

County Spurgeon Registration District No. 334
 Township Sherman Primary Registration District No. 5466
 City (No. _____) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME Thomas Riley Boudemuit

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

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

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

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19__

19. UNDERTAKER (ADDRESS)

20. FILED 5-10 19 WJ Harned Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APR 11 1935 19__

22. I HEREBY CERTIFY, That I attended deceased from _____, 19__, to _____, 19__

I last saw him alive on _____, 19__. Death is said to have occurred on the date stated above, at _____ m.

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

Date of onset

Other contributory causes of importance:

Name of operation _____ 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? _____

If so, specify _____

(Signed) _____, M. D.

(Address) _____

JUN 14 1955

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