Miller

JUN 24 1935

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

Do not use this space.

20407

1. PLACE OF DEATH
County Miller
Township Saline
City Near Eugene (No. ..., ... St. ..... Ward)

Registration District No. 561
Primary Registration District No. 5755-A

File No.
Registered No. 49

2. FULL NAME Mary Elizabeth Bend

(a) Residence, No. Eugene Mo. R.R. 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 1st. 1859

7. AGE: Years 75 | Months 11 | Days 8 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
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) Hickory Hill
(STATE OR COUNTRY) Missouri.

FATHER

13. NAME George Berry
14. BIRTHPLACE (CITY OR TOWN) Virginia
(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME Elizabeth Messersmith
16. BIRTHPLACE (CITY OR TOWN) Brazito.
(STATE OR COUNTRY) Missouri

17. INFORMANT R.E. Bend
(ADDRESS) Jefferson City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Spring Garden Cem. DATE June 11th, 1935

19. UNDERTAKER G.N. Steffens
(ADDRESS) Russellville, Mo.

20. FILED June 11, 1935 Belle Haynes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 9th, 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from June 7, 1935, to June 9, 1935
I last saw her alive on June 8, 1935. Death is said to have occurred on the date stated above, at 1-P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	6/5 1935

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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? No
If so, specify .....
(Signed) G. D. Wallace, M. D.
(Address) Eldon 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.