

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

OCT 24 1935

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

Do not use this space.

30024

1. PLACE OF DEATH
 5-6 County Linn Registration District No. 497
 2 Township Benton Primary Registration District No. 4300
 3 City Brown (No. _____) St. _____ Ward _____

2. FULL NAME Wm. Leonard Bond
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>W</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Killian G. Bond</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 14 1853</u>		
7. AGE <u>82</u>	YEARS <u>3</u>	MONTHS <u>18</u>
10. Date deceased last worked at this occupation (month and year) <u>Aug 31 1935</u>		11. Total time (years) spent in this occupation <u>24 1/2</u>
8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. <u>Merchant</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
12. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>Richmond West Va.</u>		
13. NAME <u>Peter A. Bond</u>		
14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>West Va.</u>		
15. MAIDEN NAME <u>Hicks</u>		
16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>Renno</u>		
17. INFORMANT (ADDRESS) <u>Wm. Frances Bond Brown, 9, 110</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Burden</u> DATE <u>Sept 4 1935</u>		
19. UNDERTAKER (ADDRESS) <u>W. W. Hunsicker, Brown, 9, 110</u>		
20. FILED <u>Sept 3 1935</u> <u>Seldia M. Cormier</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 3 1935

22. I, HEREBY CERTIFY, That I attended deceased from Sept 2 1935 to Sept 3 1935
 I last saw h. in alive on Sept 2 1935 Death is said to have occurred on the date stated above, at 6 a. m.
 The principal cause of death and related causes of importance were as follows:
Injury - Multiple fractures of humerus, ribs, and pelvis. Date of onset _____

Other contributory causes of importance: Senility

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? Accident Date of injury Aug 31 1935
 Where did injury occur? Brown, Linn Co. Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. Public place

Manner of injury Struck by car
 Nature of injury Multiple fractures

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) J. D. Dyer M. D.
 (Address) Admission, Mo

