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

JAN 13 1936

Do not use this space.

40493

1. PLACE OF DEATH

County Oregon Registration District No. 1119 File No. 18

Township Ozark Primary Registration District No. 6278 Registered No. 18

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Geldine Bounds

(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 F

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

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

7. AGE YEARS 15 MONTHS 4 DAYS 16 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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) Ark.

FATHER

13. NAME Wisley Bounds

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) [illegible]

MOTHER

15. MAIDEN NAME [illegible] Loone

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) [illegible] Ark

17. INFORMANT (ADDRESS) C Turner Bardley Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~

PLACE Bardley DATE Dec 20 1935

19. UNDERTAKER (ADDRESS) Family

20. FILED Dec 26 1935 J T Hufstedler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 19 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 14 1935, to Dec. 19 1935

I last saw her alive on Dec. 19 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:

Lobar pneumonia — Date of onset Nov 16/35

Other contributory causes of importance:

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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) R W Hilton, M. D.

(Address) Alton Mo

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.

100M-11-24-33