NOV 20 1936

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

Do not use this space.

36844

1. PLACE OF DEATH

County Buchanan — Registration District No. 86 — File No.

Township Washington — Primary Registration District No. 5127 — Registered No. 77

City (No. Hog Loading Dock St. Joseph Stock-Yards. Ward)

2. FULL NAME Everett Pond

(a) Residence, No. St., Ward. Trenton, Missouri.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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) October 15, 1891.

7. AGE: YEARS 45 — MONTHS 00 — DAYS 3 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Trenton, Mo. D.K. Bryant

10. Date deceased last worked at this occupation (month and year) Oct. 1936.

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Trenton Missouri

FATHER

13. NAME Max D. Pond

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

MOTHER

15. MAIDEN NAME Anna Laura Deads

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grundy County Missouri

17. INFORMANT (ADDRESS) Max Pond Trenton, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Trenton, Mo. DATE Oct. 19, 1936.

19. UNDERTAKER (ADDRESS) H. O. Sidenfaden 1802 Union Str. St. Joseph, Mo.

20. FILED Oct 19, 1936 B. W. Tadlock M.D. M.H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 18, 1936

22. I HEREBY CERTIFY, That I ~~attended~~ viewed deceased ~~from~~ on Oct 18, 1936, to ....., 19....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 9:20 P.m.

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

Coronary Occlusion

Date of onset

Other contributory causes of importance: no facts

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Hist 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? .....

If so, specify .....

(Signed) Tomas Thomas Coroner, M. D.

(Address) 731 Faraon

WHITE 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.

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