

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.

JAN 29 1937

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

(Do not use this space.)

42389

1. PLACE OF DEATH
 County St. Louis Registration District No. 784
 Township St. Ferdinand Primary Registration District No. 6030
 City Jennings (No. 1550, West)
 2. FULL NAME Hon. Clinton Bond
 (a) Residence, No. 2550 West 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.

File No. _____
 Registered No. 219
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <u>Margaret Arnold</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 26, 1879</u>		
7. AGE	YEARS <u>56</u>	MONTHS <u>11</u>
	DAYS <u>4</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Printer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Bres. H. S. Bond</u>	
	10. Date deceased last worked at this occupation (month and year) _____	11. Total time (years) spent in this occupation _____
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>	
	13. NAME <u>John Bond</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York</u>	
	15. MAIDEN NAME <u>Catherine Warner</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
	17. INFORMANT <u>Margaret Bond</u> (ADDRESS) <u>2550 West</u>	
18. BURIAL, CREMATION, OR REMOVAL <u>St. Mary's, Dec. 2nd 1936</u>		
19. UNDERTAKER <u>Chas. A. Stuart</u> (ADDRESS) <u>1225 Union Blvd.</u>		
20. FILED <u>12-1</u> 19. <u>36</u> <u>W. A. Zetter</u> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 30 1936
 22. I HEREBY CERTIFY, That I attended deceased from Nov 26 1936 to Nov 29 1936
 I last saw him alive on Nov 29 1936 Death is said to have occurred on the date stated above, at 3:50 p.m.
 The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia (Date of onset 11/25/36)
 Other contributory causes of importance:
Pulmonary fibrosis
Result of accident
 Name of operation _____ Date of _____
 What test confirmed diagnosis? exam 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) R. Russell M. D.
 (Address) 415 Beaumont Bldg

W. G. Smith

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township St. Ferdinand
City St. Ferdinand (No.)

Registration District No. 784
Primary Registration District No. 6030

File No.
Registered No. 219
St. Ward

2. FULL NAME

Homer Clinton Conde

(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 wh 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.
	<u>56</u>	<u>11</u>	<u>4</u>	

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 at this occupation

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

FATHER
13. NAME

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

MOTHER
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 12/17 1937 W. a Zeitler Registrar

Pavela Smith

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 30 1936

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:

Lobar Pneumonia Date of onset

history of accident: Automobile accident some 5 to 10 yrs. ago, was treated at City hospital, Pulmonary fibrosis dated from that time

Other contributory causes of importance:
Pulmonary fibrosis result of accident

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. A. Kinsella, M. D.

(Address) 405 Beaumont Bldg

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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