

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

Do not use this space.

FEB 19 1937

File No. **2458**

1. PLACE OF DEATH
 County Madison Registration District No. 629
 Township Poplar Primary Registration District No. 4379
 City Ravennwood (No. ?) St. ? Ward ?

2. FULL NAME Christena Bonds
 (a) Residence, No. Ravennwood 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. 6 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) Widow
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 11, 1857
7. AGE YEARS 82 MONTHS 5 DAYS 09 If LESS than 1 day, hrs. or min.
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. house work
10. Date deceased last worked at this occupation (month and year) 1-14-37 **11. Total time (years) spent in this occupation** 23 1/2
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ravennwood Mo
13. NAME Wm. B. Gurney
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois
15. MAIDEN NAME Anna Potter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois
17. INFORMANT (ADDRESS) Mrs. Bernice Bonds
18. BURIAL, CREMATION, OR REMOVAL
 PLACE Ravennwood Mo DATE 1-22-37
19. UNDERTAKER (ADDRESS) A. P. Ross Ravennwood Mo
20. FILED Jan. 22, 1937 Mrs. Etta Bucholt
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-20, 1937
22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1937, to Jan 20, 1937
 I last saw him alive on Jan 20, 1937. Death is said to have occurred on the date stated above, at 7 A. m.
 The principal cause of death and related causes of importance were as follows:
Cerebral thrombosis Date of onset ?
Hardening of arteries
 Other contributory causes of importance:
 Name of operation SM Date of ?
 What test confirmed diagnosis? ? Was there an autopsy? Yes
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) H. J. G. Winters, M. D.
 (Address) Ravennwood Mo

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

