

MAR 20 1937

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

Do not use this space.

6814

1. PLACE OF DEATH

County Jasper  
Township Joplin  
City Joplin (No. 137)

Registration District No. 411

Primary Registration District 200

File No. 1

Registered No. 137

Ward

2. FULL NAME

(a) Residence, No. 13th + Rex Crossing of rd.  
(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

W

5. Widowed or  
DIVORCED (write the word)

Married

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

Carrie Beatrice Bond

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

Aug 16, 1878

7. AGE

YEARS 58

MONTHS 5

DAYS 28

If LESS than 1  
day, ..... hrs.  
or ..... min.

OCCUPATION

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

retired

9. Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.

Lead & zinc

10. Date deceased last engaged in  
this occupation (month and  
year).....

mine operator  
spent in this  
occupation

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

Eureka Spyz Ark

13. NAME

W Bond

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

no record

15. MAIDEN NAME

no record

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

17. INFORMANT  
(ADDRESS)

Family

18. BURIAL, CREMATION, OR REMOVAL

PLACE Forest Hill DATE 2-17

19. UNDERTAKER  
(ADDRESS)

Hopkins

20. FILED

2016

1937

Ed Jones  
Registrar

MEDICAL CERTIFICATE OF DEATH

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

Feb 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from

Feb 5 to Feb 17

I last saw him alive on Feb 17, 1937 Death is said

to have occurred on the date stated above, at 5 P m.

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

Date of onset

Lobar pneumonia

Influenza

Other contributory causes of importance:

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) Ray E. Mess M. D.

(Address) 1708th St. Joplin Mo

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.

2  
B1  
B1

