SEP 22 1937

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

Do not use this space.

1. PLACE OF DEATH
County Pemiscot
Township Pascola
City ..... (No. ....., 5-70 ..... St. ..... Ward)
Registration District No. 1102
Primary Registration District No. 758
File No. 31423
Registered No. .....

2. FULL NAME Jay Lou Bonds
(a) Residence, No. Bragg City 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. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
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) Aug 3-37
7. AGE YEARS MONTHS DAYS 2 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) Bragg City Mo

FATHER
13. NAME William Bonds
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark

MOTHER
15. MAIDEN NAME Jewell Jones
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark

17. INFORMANT (ADDRESS) W. J. Bonds Bragg City
18. BURIAL, CREMATION, OR REMOVAL
PLACE Clinton Ark DATE Aug. 8, 1937
19. UNDERTAKER (ADDRESS) Lentz Und Co. Kenfreth Mo.
20. FILED Aug 6, 1937 Mrs. T. R. Coll Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 6, 1937
22. I HEREBY CERTIFY, That I attended deceased from Aug 3, 1937, to Aug 5, 1937
I last saw her alive on Aug 5, 1937. Death is said to have occurred on the date stated above, at 2000 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Inter cranial injury | |

Other contributory causes of importance: Prolonged Labor

160 B

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) William F. Pitt, M. D.
(Address) Hoyt

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.