

REC'D JUL 14 1938

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

22437

Do not use this space.

1. PLACE OF DEATH

(a) County Miller Registration District No. 561
(b) Township Saline Primary Registration District No. 4330 Registered No. 48
(c) City Eldon (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 7 yrs. mos. 3 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Auther Delaware Bond
(a) Residence, No. 440 E. 8th Eldon Mo. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF _____ WIFE OF <u>Overry Bond</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 14, 1883</u>		
7. AGE	YEARS <u>54</u>	MONTHS <u>9</u>
	DAYS <u>29</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Laborer</u>	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>R.R. Section</u>	
	10. Date deceased last worked at this occupation (month and year)	
	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Etterville Missouri</u>	
FATHER	13. NAME <u>James Bond</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miller Co. Missouri</u>	
MOTHER	15. MAIDEN NAME <u>Roselle Brown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miller Co. Missouri</u>	
17. INFORMANT (ADDRESS) <u>Auley Bond Eldon Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Pleasant</u>	DATE <u>June 15, 1938</u>	
19. FUNERAL DIRECTOR (ADDRESS) <u>Keith M. Kays Eldon Mo</u>		
20. FILED <u>6-14-38</u>	<u>Belle Hayden</u> Local Registrar	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 1938 to 6/13, 1938
I last saw him alive on 6/13, 1938. Death is said to have occurred on the date stated above, at 12:20 P.M.
The principal cause of death and related causes of importance were as follows:
Arteritis, Myocarditis.
Date of onset ?

Other contributory causes of importance: 92A1

Name of operation _____ Date of _____
What test confirmed diagnosis: Clu... 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? No
If so, specify _____
(Signed) G. D. Walker M. D.
Eldon Mo

STATEMENT BY LICENSED EMBALMER

I, Keith M. Kays, Licensed Embalmer No. 3998

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Keith M. Kays
Licensed Embalmer No. 3998

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)