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

Do not use this space.

REC'D OCT 12 1939

File No. 32544

Registered No. 59

1. PLACE OF DEATH
County Iron
Township Arcadia
City Ironton (No. ..., St. Mary's Hospital St. ... Ward)
Registration District No. 391
Primary Registration District No. 4230

2. FULL NAME 530 Arthur Lee Bond
(a) Residence, No. Bismarck Mo. 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: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 27, 1893

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
46	4	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. cashier
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bank
10. Date deceased last worked at this occupation (month and year) Sept. 1, 1939
11. Total time (years) spent in this occupation 12

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

FATHER
13. NAME Samuel Bond
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belleview Mo.

MOTHER
15. MAIDEN NAME Sarah Quizenberry
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belleview Mo.

17. INFORMANT Fred Bond
(ADDRESS) Potosi Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bismarck Mo. DATE Sept. 14, 1939

19. UNDERTAKER Norman White & Sons
(ADDRESS) Ironton Mo.

20. FILED Sept. 25 1939 R. A. Rauch
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from September 4, 1939, to September 12, 1939
I last saw him alive on September 12, 1939. Death is said to have occurred on the date stated above, at 6:30 P.
The principal cause of death and related causes of importance were as follows:

	Date of onset
pneumonia, lobar	

Other contributory causes of importance:
pylo-nephritis

Name of operation none 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? no
If so, specify ...
(Signed) George Gay, M. D.
(Address) Ironton, Missouri

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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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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