

FILED FEB 11 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

3828

State File No.

Registration District No. 1077

Primary Registration District No. 6285

Registrar's No.

1. PLACE OF DEATH

(a) County Shannon
(b) City or town Russell, Castle Ingle
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

3. (a) PRINT
FULL NAME

Eliza May Bond

3. (b) If veteran,

name war

3. (c) Social Security

No.

4. Sex

F

5. Color or

race

A

6. (a) Single, widowed, married,

divorced

Widow

6. (b) Name of husband or wife

Frank Bond

6. (c) Age of husband or wife if

alive

years

22

1865

7. Birth date of deceased

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

76

11

9

hr.

min.

9. Birthplace

(City, town, or county)

MO

(State or foreign country)

10. Usual occupation

Teacher

11. Industry or business

Teacher

12. Name

Farrar

13. Birthplace

(City, town, or county)

MO

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

MO

(State or foreign country)

16. (a) Informant

Frank Bond

(b) Address

Summerville MO

17. (a)

Burial

(b) Date thereof

Jan - 5 - 1942

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation

Summerville MO

18. (a) Signature of funeral director

none

(b) Address

19. (a)

12-31-41

(b)

Frank Hyde MD

(Date received local registrar)

MD

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Shannon
(c) City or town Russell
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 31
year 1941 hour minute M.

21. I hereby certify that I attended the deceased from Dec 15 1941 to Dec 31 1941;
that I last saw him alive on Dec 28 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death

Bronchopneumonia

Duration

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)

(e) Means of injury

23. Signature Frank Hyde MD (M. D. or other)

Address Summerville MO Date signed 12-31-41

