

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

Do not use this space.

28408

1. PLACE OF DEATH

County Monticau Registration District No. 577
 Township Madison Primary Registration District No. 5775
 City (No. _____) _____ St. _____ Ward _____

File No. _____
 Registered No. 9
 _____ St. _____ Ward _____

2. FULL NAME

Eloha Bond

(a) Residence. No. _____ 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 17 - 1855

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
74 20

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Day Laborer
 (b) General nature of industry, business, or establishment in which employed (or employer) None
 (c) Name of employer None

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

10. NAME OF FATHER Jessie Bond

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Maryland

12. MAIDEN NAME OF MOTHER Mary Walker

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Maryland

14. INFORMANT (Address) Mrs. W. Keller California Mo

15. FILED Aug 7, 1929 J. Robertson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 6 1929

17. I HEREBY CERTIFY That I attended deceased from Oct 10 1928 to July 20 1929 that I last saw him alive on July 28 1929, and that death occurred, on the date stated above, at 4:30 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Cerebral Hemorrhage
821
RBD

(duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) Paralysis of right

Side (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? NO DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) J. Robertson, M. D.

8-7-1929 (Address) Latham Md

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Mount Moriah Aug 7 1929

20. UNDERTAKER ADDRESS

Williamst Friedman California

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.

68
25
1929

237
22

4118

