

NOV 17 1938

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

Do not use this space.

36492

1. PLACE OF DEATH

County Putnam
Township
City Sedalia (No. 527)

Registration District No. 668
Primary Registration District No. 2032

File No. 295
Registered No. 628
St. _____ Ward _____

2. FULL NAME William Cowell Bond

(a) Residence, No. 1307 W 3 St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 16, 1938

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

22. I HEREBY CERTIFY, That I attended deceased from October 8, 1938, to Oct. 16, 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 14, 1847

I last saw him alive on Oct. 16, 1938. Death is said to have occurred on the date stated above, at 8 am.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
91 3 2

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
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

Endocarditis obliterans
of feet. Karyomegaly
Date of onset 1938

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

Other contributory causes of importance:
Arterio-sclerosis
Chronic myocarditis
Chronic interstitial nephritis

13. NAME Jessie Bond

Name of operation none Date of none
What test confirmed diagnosis? Christ Was there an autopsy? no

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

15. MAIDEN NAME Mary Walker

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury _____, 19____

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

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Mrs. John Starkey (ADDRESS) Sedalia, Mo.

Manner of injury _____
Nature of injury _____

18. BURIAL CREMATION, OR REMOVAL PLACE Mt. Moriah DATE 10/15 1938

19. UNDERTAKER Mrs. Langhlin Bros. (ADDRESS) Sedalia Mo.

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____ (Signed) John Starkey, M. D.
(Address) Sedalia Mo.

20. FILED 10/17 1938 Jean Slack Registrar.

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.

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RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11/8/38