

008
DEATH

011057

SEP - 8 1927

I HEREBY CERTIFY THAT THIS
CERTIFICATE IS AN EXACT COPY OF
THE ORIGINAL CERTIFICATE WHICH
IS REGISTERED AND PRESERVED IN
THE DIVISION OF VITAL STATISTICS
OF THE OHIO DEPARTMENT OF
HEALTH. WITNESS MY SIGNATURE
AND THE SEAL OF THE DEPARTMENT.

John H. Conner

CHIEF, DIVISION OF VITAL STATISTICS

STATE OF OHIO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Hancock Registration District No. 523 File No. 36185
Township Pleasant Primary Registration District No. 4771 Registered No. 17
or Village..... No. St., Ward
or City of..... (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Aarond E. Bond
(a) Residence. No. St., Ward. JUL 1922
(Usual place of abode)
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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single, Married, Widowed or Divorced (write the word) Widowed
6 DATE OF BIRTH (month, day, and year) May 11th 1846
7 AGE Years Months Days If LESS than 1 day..... hrs. or..... min.
76 1 25

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Farmer, Retired
(b) General nature of Industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Eagle Tp.,
(State or country) Ohio.

PARENTS

10 NAME OF FATHER George Bond
11 BIRTHPLACE OF FATHER (city or town) Ohio.
(State or country)
12 MAIDEN NAME OF MOTHER Houston
13 BIRTHPLACE OF MOTHER (city or town) Ohio.
(State or country)

14 Informant Mrs Anna Foster
(Address) Dudley O.

15 Filed June 8 1922 T.S. Pundleton
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) June 6th 22 19
17 I HEREBY CERTIFY, That I attended deceased from June 1, 1922 to June 6, 1922
that I last saw him alive on June 6, 1922
and that death occurred, on the date stated above, at 2 PM m.
The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. 2 ds.
CONTRIBUTORY Chronic Dysentery
(SECONDARY) (duration) 40 yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of.....
Was there an autopsy? No
What test confirmed diagnosis?

(Signed) Dan B. Spiller M. D.
June 7, 1922 (Address) Woytville O.

*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. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL McComb Cemetery DATE OF BURIAL June 8th 22

20 UNDERTAKER License No. 891 ADDRESS Findlay O.