

1. PLACE OF DEATH a. COUNTY Harris				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Texas b. COUNTY Harris			
b. CITY OR TOWN (If outside city limits, give precinct no.) Houston			c. LENGTH OF STAY in 1 b. 3 yrs	c. CITY OR TOWN (If outside city limits, give precinct no.) Houston			d. STREET ADDRESS (If rural, give location) 2934 Wuthering Heights
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION Methodist Hospital				e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) Walter Franklin Bond		(a) First		(b) Middle		(c) Last	
5. SEX Male		6. COLOR OR RACE Negro		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		4. DATE OF DEATH 9-14-67	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Professional Ballplayer		10b. KIND OF BUSINESS OR INDUSTRY Baseball		8. DATE OF BIRTH 10-19-37		9. AGE (In years last birthday) 29	
11. BIRTHPLACE (State or foreign country) Tenn				12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME Louis Bond				14. MOTHER'S MAIDEN NAME Essie Chatman			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Army		16. SOCIAL SECURITY NO. 408-60-1725		17. INFORMANT Mrs. Lynette Bond			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myeloblastic Leukemia							INTERVAL BETWEEN ONSET AND DEATH 13 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic Myelogenous Leukemia							6 years
DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) None							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury)	
20c. TIME OF INJURY Hour a.m. p.m.		Month		Day		Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)		20f. CITY, TOWN, OR LOCATION STATE			
21. I hereby certify that I attended the deceased from March 4, 19 64 to September 14, 19 67 and last saw the deceased alive on September 14, 19 67 . Death occurred at 5 p. m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>H.W. Cummings Jr.</i>				22b. ADDRESS 6410 Fannin Street, Houston		22c. DATE SIGNED 9/20/67	
23a. BURIAL INFORMATION, REMOVAL, etc. Burial				23c. NAME OF CEMETERY OR CREMATORY V.A. Cemetery			
23d. LOCATION (City, town, or county) Houston		(State) Texas		24. FUNERAL DIRECTOR'S SIGNATURE McCoy & Harrison #3830			
25a. REGISTRAR'S FILE NO. 7388		25b. DATE REC'D BY LOCAL REGISTRAR SEPT. 22, 1967		25c. REGISTRAR'S SIGNATURE <i>J. N. Alban</i>			

TEXAS DEPARTMENT OF HEALTH

REC'D SEP 28 1967

BUREAU OF VITAL STATISTICS