

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

Do not use this space.

28523

1. PLACE OF DEATH

County.....

Registration District No.....

791

Township.....

Primary Registration District No.....

1003

City St. Louis

(No. 5431 Bartues)

File No.....

Registered No.....

8053

St. Ward)

2. FULL NAME

Missie Marsh Bougher

(a) Residence. No. 5431 Bartues St. 5 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.

ds.

How long in U.S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widowed

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

Jesse L. Bougher

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

Oct. 28 - 1861

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

65

10

11

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

at home

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Newton

(STATE OR COUNTRY)

Ill

10. NAME OF FATHER

Searing Marsh

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ohio

12. MAIDEN NAME OF MOTHER

Angelina Smith

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ohio

14.

INFORMANT (Address)

Ella Marsh Perigo
Chicagoland

15.

FILED

SEP 10 1927

Max C. Starker

REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

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

Sept 9 1927

17.

I HEREBY CERTIFY, That I attended deceased from March 15, 1927, to September 9, 1927, that I last saw h. or alive on Sept 29, 1927, and that death occurred, on the date stated above, at 11 a.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Liver

465-113

(duration) 1 yrs. - mos. - ds.

CONTRIBUTORY (SECONDARY)

Anasera, cystitis

(duration) 1 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? clinical

(Signed) Geo. Richter, M. D.

919, 1927 (Address) 3538 Humphrey

*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

Missouri Crematory

Sept. 11 1927

20. UNDERTAKER

ADDRESS

Alexander & Sons

6175 Delmar

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

3528 House | [unclear]