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

Do not use this space.

22721

1. PLACE OF DEATH
County Scotland
Township
City Memphis (No. 4408 St. Ward)
Registration District No. 810
Primary Registration District No. 6055
File No.
Registered No. 30

2. FULL NAME Ben F. Bourn
(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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Marie Bourn
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 24 1882
7. AGE Years 45 Months 9 Days 7 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Mfg. business
(b) General nature of industry, business, or establishment in which employed (or employer) Ice
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland County

PARENTS
10. NAME OF FATHER Ben F. Bourn
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Scotland Co. Mo
12. MAIDEN NAME OF MOTHER Aleckolvin
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Scotland Co. Mo

INFORMANT Marie Bourn
(Address) Memphis. Mo

FILED 6/18, 1928 E. E. Parrish REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 11 1928
17. I HEREBY CERTIFY, That I attended deceased from Mch 1, 1928 to June 11, 1928 that I last saw him alive on June 11, 1928, and that death occurred, on the date stated above, at 6.30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Exhaustion
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Cancer of Rectum
(duration) yrs. 9 mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Nov 1927
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Laboratory
(Signed) E. E. Parrish M. D
6/18, 1928 (Address) Memphis. Mo.

*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 Memphis cemetery
DATE OF BURIAL 6/13/ 1928
20. UNDERTAKER W. W. Payne & Sons
ADDRESS Memphis

...of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state ...in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.