

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

Do not use this space.

5018

1. PLACE OF DEATH

County Shannon
Township More
City Robert George Bounds

Registration District No. 964
Primary Registration District No. 6080

File No. _____
Registered No. 31
St. _____ Ward) _____

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward. _____

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Child

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

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

7. AGE 1 YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Shannon Co Mo

10. NAME OF FATHER

James Bounds

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Shannon Co Mo

12. MAIDEN NAME OF MOTHER

Erker

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) West Co Mo

14.

INFORMANT George Bounds
(Address) Kat Mo

15.

Feb 4 1929 J. S. Gordan
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 19

17. I HEREBY CERTIFY That I attended deceased from _____, 1929, to _____, 1929 that I last saw deceased alive on _____, 1929, and that death occurred, on the date stated above, at _____.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

My mother died suddenly
1923

CONTRIBUTORY (SECONDARY) My mother was
died when noticed

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Kat Mo
DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) J. S. Gordan, M. D.
(Address) Brunswick

*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

Summer Cem 24 1929

20. UNDERTAKER

ADDRESS

Wm. Sumner Kat Mo

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

X. R.—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.

