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

Do not use this space. 39678

JAN 20 1930

1. PLACE OF DEATH
County Columbia — Registration District No. 73 — File No. 292
Township — Primary Registration District No. 3006 — Registered No.
City Columbia (No. ..... St. ..... Ward)

2. FULL NAME Mr. Robt Julia Bourshell
(a) Residence. No. ..... St., ... Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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: Dec. 14-48

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

7. AGE: Years 81 — Months — Days 2 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired
262 (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): Robt Tennessee

PARENTS
10. NAME OF FATHER: Rob Bourshell
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): North Carolina
12. MAIDEN NAME OF MOTHER: Mrs. Emma O Polk
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Dont Know

14. INFORMANT: Mrs. F. S. Kifong
(Address) Columbia Mo.

15. FILED 12.20, 1929 Beatrice Graebe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12/16 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1929, to Dec 16, 1929 that I last saw him alive on Dec 16, 1929 and that death occurred, on the date stated above, at 10-12 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Pneumonia
(duration) 81 yrs. 1 mos. 2 ds.

CONTRIBUTORY (SECONDARY) Senility
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Robinson Hotel
0 DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Frank G. Nofone, M. D.
, 19 (Address) 16 S 10 St

*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: Columbia Cemetary — DATE OF BURIAL: 12-17 1929

20. UNDERTAKER: Tom McHarg — ADDRESS: Columbia

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.