

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.

23 1931

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

Do not use this space.

4533

1. PLACE OF DEATH

County Bates Registration District No. 50
Township _____ Primary Registration District No. 3004
City Butler (No. Community Hospital)

File No. _____
Registered No. 21 (St. _____ Ward)

2. FULL NAME

(a) Residence, No. Butler Mo. 800 West Ohio 2 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) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 9, 1871

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
59 4 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter 29
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Contractor.
10. Date deceased last worked at this occupation (month and year) February 18, 1931 11. Total time (years) spent in this occupation. 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois 2

FATHER 13. NAME Assios Bourguen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland 2

MOTHER 15. MAIDEN NAME Sophia Beard

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio. 2

17. INFORMANT Lizzie Bourquin (ADDRESS) Butler Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE March February 1, 1931

19. UNDERTAKER Culver (ADDRESS) Butler Mo.

20. FILED February 27, 1931 Nina L. Culver Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 25, 1931

22. I HEREBY CERTIFY, That I attended deceased from February 18, 1931, to February 25, 1931
I last saw him live on February 25, 1931. Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

General peritonitis which followed a fall of 16 feet from a scaffold. Date of onset 1868
Fracture of left tibia and fibula. 1948
129 10

Other contributory causes of importance: Fracture of left tibia and fibula.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide. Accident Date of injury 2-18, 1931

Where did injury occur? Butler, Missouri (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. While shingling M. B. Church.

Manner of injury Fall from scaffold

Nature of injury Traumatic peritonitis.

24. Was disease or injury in any way related to occupation of deceased? no.

If so, specify _____

(Signed) Geo. H. Kiel, M. D.
(Address) Butler, Missouri.

