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

Do not use this space.

12886

File No.

Registered No. 16

1. PLACE OF DEATH
County Stoddard — Registration District No. 8140
Township Duck Creek — Primary Registration District No. 6102
City Near Puxico Mo R# 3 (No. ..... St. ..... Ward)

2. FULL NAME Lavinia Isabel Bourgeois

(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: Female
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 William Bourgeois

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 6 1866

7. AGE: YEARS 64 | MONTHS 4 | DAYS 9 | If LESS than 1 day, ... hrs. or ..... min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hart Co Ky

FATHER
13. NAME F. T. Howard
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hart Co Ky

MOTHER
15. MAIDEN NAME Amanda M. Duffield
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hart Co Ky

17. INFORMANT (ADDRESS) Mrs Mollie Clubb Puxico Mo R#1

18. BURIAL, CREMATION, OR REMOVAL
PLACE Puxico cemetery DATE March 16 1931

19. UNDERTAKER (ADDRESS) Hickman Mortician Co Puxico Mo

20. FILED Mch 16 1931 E L Harper Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 15, 1931

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1928, to March 15, 1931
I last saw her alive on March 14, 1931. Death is said to have occurred on the date stated above, at 11:50 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes	4 mo
59	4 yr

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) E L Edmonds, M. D.
(Address) Puxico Mo

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.

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

APR 7 1931