

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

Do not use this space.

36686

1. PLACE OF DEATH

County Washington Registration District No. 976
Township Kingston Primary Registration District No. 6187
City (No. _____) St. _____ Ward _____

File No. 37
Registered No. 36

2. FULL NAME

YOUNGER BOURBON
(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 M 4. COLOR OR RACE W 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) 9-12-1923

7. AGE YEARS 8 MONTHS _____ DAYS 29 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) DADET, MO (STATE OR COUNTRY)

13. NAME Neazy Bourbon

14. BIRTHPLACE (CITY OR TOWN) Bloss (STATE OR COUNTRY) MO

15. MAIDEN NAME Rosie Coleman

16. BIRTHPLACE (CITY OR TOWN) Fertile (STATE OR COUNTRY) MO

17. INFORMANT Neazy Bourbon (ADDRESS) Bloss MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Oldmire DATE 10/13 1931

19. UNDERTAKER J. B. BOYER & SON (ADDRESS) POTOSI, MO.

20. FILED 10/15 1931 Chas. A. Martin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/11/1931

I HEREBY CERTIFY that I attended deceased from Oct. 6, 1931, to Oct. 11, 1931.
I last saw him alive on Oct. 11, 1931. Death is said to have occurred on the date stated above, at 8 P.M.
The principal cause of death and related causes of importance were as follows:

Diphtheria
10/10
Date of onset _____
Other contributory causes of importance: _____

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

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) H. F. Caswell, M. D.
(Address) Potosi 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.

DEC 26 1931

