

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

Do not use this space.

10427

PLACE OF DEATH

County Montgomery Registration District No. 595 File No. 4
 Township Wright Primary Registration District No. 5797 Registered No. 7
 City Wellsville (No. _____) St. _____ Ward _____

2. FULL NAME

Sarah Landonia Bourne
 (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 14 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) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 3-1858

7. AGE YEARS 74 MONTHS 6 DAYS 26 IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. same

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) Montgomery Co Mo

13. NAME William Bourne

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Mary M. Finley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike Co Mo

17. INFORMANT (ADDRESS) Mrs. H. P. Phelan
Wellsville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Wellsville DATE 3-19-33

19. UNDERTAKER (ADDRESS) A. B. Wells
Wellsville Mo

20. FILED March 9, 1933 Mo O'Brien
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 1921, to April 1, 1933

I last saw him alive on March 1, 1933 Death is said to have occurred on the date stated above, at 3 a. m.

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

Cancer of Liver

Date of onset 1932

46E
46C

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis Autopsy 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) R. G. S. S. S. S. M. D.
 (Address) Wellsville Mo

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.

APR 24 1933
 70
 7

