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

Do not use this space.

19290

1. PLACE OF DEATH
County: Warren
Township: Charette
City: (No. Emmanuel Asylum St. Ward)
Registration District No. 884
Primary Registration District No. 6176
File No.
Registered No. 9

2. FULL NAME: Harry J. Bouchett
(a) Residence, No. (Usual place of abode) St., Ward. St. Charles Mo (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 7 yrs. 9 mos. 22 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): Feb 11, 1918
7. AGE: Years 16 Months 3 Days 7 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
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): St Charles Mo

FATHER
13. NAME: Anthony Bouchett
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Charles Mo

MOTHER
15. MAIDEN NAME: Chiomer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Charles Mo

17. INFORMANT (ADDRESS): Anthony Bouchett St Charles Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE: St Charles Mo DATE: May 21st, 1934
19. UNDERTAKER (ADDRESS): H. Dallmeyer St Charles Mo
20. FILED: May 19, 1934 H C Johnson Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 18, 1934
22. I HEREBY CERTIFY, That I attended deceased from Jan, 1926 to May 18, 1934
I last saw him alive on May 17, 1934. Death is said to have occurred on the date stated above, at 10 a.m.
The principal cause of death and related causes of importance were as follows:

Epilepsy 8 8 8
and bowel Atrophy
from Birth

Date of onset

Other contributory causes of importance:

Mal nutrition due to
debilitate condition

Name of operation: Date of
What test confirmed diagnosis? Clinical 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) H C Johnson, M. D.
(Address) Montgomery City 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.

JUN 27 1934