

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.

JUL 1 1935

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

Do not use this space.

1. PLACE OF DEATH

County Washington Registration District No. 887
Township Union Primary Registration District No. W. 182
City Cadet (No. _____) St. _____ Ward _____

File No. 21962
Registered No. _____

2. FULL NAME Sophia Genevive Bouchard

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11 -6- 1851

7. AGE YEARS 83 MONTHS 7 DAYS 0 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. Housewife

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) St Genevive
(STATE OR COUNTRY) Missouri

13. NAME Jos. Govero

14. BIRTHPLACE (CITY OR TOWN) St. Genevive
(STATE OR COUNTRY) Missouri

15. MAIDEN NAME Mary Boyer

16. BIRTHPLACE (CITY OR TOWN) St Genevive
(STATE OR COUNTRY) Missouri

17. INFORMANT Mrs Clara Meyer
(ADDRESS) Cadet, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Old Mines, Mo DATE 6/8/35 19. _____

19. UNDERTAKER J. B. Boyer & Son
(ADDRESS) Potosi, Mo.

20. FILED June 10, 1935 G. T. Creswell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/6/35 1935

22. I HEREBY CERTIFY, That I attended deceased from 6-6 1935, to 6-6 1935

I last saw her alive on 6-6 1935. Death is said to have occurred on the date stated above, at 9:50 P.M.

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

Chronic Nephritis 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? _____

If so, specify _____ (Signed) Jos. L. Thurman, M. D.

(Address) Potosi, Mo.

