

SEP 23 1935

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

Do not use this space.

27066

1. PLACE OF DEATH

County Mississippi Registration District No. 566
Township Sumner Primary Registration District No. 3030
City Charleston (No.) St. Ward)

2. FULL NAME

Flora A. Boussum
(a) Residence, No. 210 Danforth St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 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 C. J. Boussum

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 16 1877

7. AGE YEARS 57 MONTHS 7 DAYS 15 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.

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) Joppa Ill.

13. NAME Lou Hurt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Joppa Ill.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. Lester Canell (ADDRESS) Charleston, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE J.O.V. Cemetery DATE Aug. 3, 35

19. UNDERTAKER Frank Tate Funeral Service (ADDRESS) Charleston, Mo.

20. FILED 8-4 35 Registrar.

MEDICAL CERTIFICATE OF DEATH 6:50 P.M.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1935 to Aug. 1, 1935

I last saw F.R. alive on Aug. 1, 1935. Death is said to have occurred on the date stated above, at 6:50 P.M.

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

Cerebral hemorrhage Date of onset 8/1/35

Other contributory causes of importance:

Hypertension D.K.

Name of operation none Date of

What test confirmed diagnosis? B.P. & Coagulation 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. Chas. Lawrence, M. D.
(Address) Charleston, 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.

1935

