

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

Do not use this space.

1. PLACE OF DEATH

County Lawrence
Township Vinyard
City (No.)

Registration District No. 472
Primary Registration District No. 18-34

File No. 49354
Registered No.
St. Ward

2. FULL NAME

J. G. Boucher (Stillborn)
(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 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) Nov 27, 1936

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

OCCUPATION
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) (STATE OR COUNTRY) Stotts City, Mo

FATHER
13. NAME W. G. Boucheri
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawrence Co., Mo

MOTHER
15. MAIDEN NAME Luella Means
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawrence Co., Mo

17. INFORMANT W. G. Boucher
(ADDRESS) Int. Vernon, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Arberg Cemetery Nov 28, 1936

19. UNDERTAKER Inslett Funeral Home
(ADDRESS)

20. FILED 12-8-36 Thos H Powell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 27, 1936 to Nov 27, 1936

I last saw h. alive on 19

Death is said to have occurred on the date stated above, at 4:45 PM
The principal cause of death and related causes of importance were as follows:
Still birth

Other contributory causes of importance:
Difficult labor caused by flat pelvis of mother.

Name of operation Date of
What test confirmed diagnosis? 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) Don J. Silby, M. D.
(Address) Int Vernon, 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.

