

APR 28 1937

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

Do not use this space.

1. PLACE OF DEATH

County Scottland  
Township W. Jefferson  
City Memphis (No. ....)

Registration District No. 810  
Primary Registration District No. 4488

File No. 13751  
Registered No. 22  
St. .... Ward)

2. FULL NAME Charles Albert Bourn

(a) Residence, No. .... St. .... Ward.  
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 20, 1866

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
70 4 28

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

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) Scotland Co. Mo. (STATE OR COUNTRY)

13. NAME Kellam Bourn

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

15. MAIDEN NAME Pauline Tompkins

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

17. INFORMANT Joe Bourn (ADDRESS) Memphis Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memphis DATE March 21, 37

19. UNDERTAKER H. W. Payne & Sons (ADDRESS) 1016 Commercial Mo.

20. FILED Apr 9 1937 C. C. Bourn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 6, 1937, to March 18, 1937. I last saw him alive on March 17, 1937. Death is said to have occurred on the date stated above, at 1 P. m.

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

Other contributory causes of importance: High Blood Pressure

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 no (Signed) Jane Smith, M. D. (Address) Memphis

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.

