

AUG 25 1937

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

Do not use this space.

1. PLACE OF DEATH

County Marion
Township Liberty
City Palmyra

Registration District No. 548
Primary Registration District No. 4023

File No. 27780
Registered No. 32

2. FULL NAME

Margaret Ralls Bourne

(a) Residence, No. Palmyra, Mo. St. Mo. Ward.

Length of residence in city or town where death occurred 3 yrs. 3 mos. 0 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 Marcus Bourne

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 14, 1868

7. AGE YEARS 68 MONTHS 7 DAYS 11 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) Marion County (STATE OR COUNTRY) Missouri

13. NAME John Ralls 14. BIRTHPLACE (CITY OR TOWN) Ralls County, Mo. (STATE OR COUNTRY)

15. MAIDEN NAME Susie Rogers

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

17. INFORMANT Roger Bourne (ADDRESS) Palmyra, Mo.

18. BURIAL, CREMATION, OR REMOVAL Palmyra, Mo. PLACE Greenwood Cem. DATE 7/27/37

19. UNDERTAKER Lewis Brown (ADDRESS) Palmyra, Mo.

20. FILED July 26, 1937 Gertude Lee Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1937, to July 25, 1937. I last saw her alive on July 25, 1937. Death is said to have occurred on the date stated above, at 11:15 a. m.

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

Carcinoma - gastric. Date of onset

Other contributory causes of importance: No

Name of operation None 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) Dr. W. C. O'Neal, M. D.
(Address) Palmyra, 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.

