

SEP 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan  
Township St Joseph  
City St Joseph (No. 2231)

Registration District No. 85  
Primary Registration District No. 1001

File No. 30161  
Registered No. 888  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. 2231 St 4 St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mo. 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) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 25, 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
19

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) St Joseph Mo

13. NAME Harvey J. Bourge

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry Co Iowa

15. MAIDEN NAME Anna Jwacluk

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

17. INFORMANT (ADDRESS) Harvey J. Bourge

18. BURIAL, CREMATION, OR REMOVAL PLACE St Joseph DATE Aug 14 1937

19. UNDERTAKER (ADDRESS) Bury & Sons

20. FILED Aug 14 1937 H J Nestlepush Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1937, to August 14, 1937  
I last saw him alive on August 13, 1937. Death is said to have occurred on the date stated above, at 1:50 P. m.

The principal cause of death and related causes of importance were as follows:  
Cerebral hemorrhage Date of onset 8-10-37

Other contributory causes of importance:  
Hemorrhagic disease of newborn  
Intestinal hemorrhage 8-11-37

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) Ed Grant, M.D. M. D.  
(Address) 6307 King Hill Ave  
St Joseph, 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.

