

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

33048  
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**

(b) Township..... Primary Registration District No. **1003**

(c) City **St. Louis, Mo.** (d) Street No. **St. Johns Hospital** St. **9100**  
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. **5** ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Betty Theresa Bourbon**

(a) Residence, No. .... St. **NR** **Bliss, Missouri**  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **Female**

4. COLOR OR RACE **White**

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Single**  
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **February 21, 1929**

7. AGE YEARS **8** MONTHS **7** DAYS **2**  
If LESS than 1 day, .... hrs. or .... min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **School Girl**

9. Industry or business in which work was done, as 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) **Washington County, Missouri**  
(STATE OR COUNTRY)

FATHER

13. NAME **Neese Bourbon**

14. BIRTHPLACE (CITY OR TOWN) **Washington County, Missouri**  
(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME **Rosie Coleman**

16. BIRTHPLACE (CITY OR TOWN) **Washington County, Missouri**  
(STATE OR COUNTRY)

17. INFORMANT **Neese Bourbon**  
(ADDRESS) **Bliss, Missouri**

18. BURIAL, CREMATION, OR REMOVAL  
PLACE **Old Mines, Mo.** DATE **Sept. 23, 1937**

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **September 23rd, 37**

22. I HEREBY CERTIFY, That I attended deceased from **Sept 18, 1937** to **Sept 23, 1937**  
I last saw him alive on **Sept 22, 1937** Death is said to have occurred on the date stated above, at **1:30** p. m.  
The principal cause of death and related causes of importance were as follows:  
**Bronchopneumonia**  
**Gonorrhoea**  
**Non-diphtheritic**  
Date of onset **3 days**

Other contributory causes of importance:  
**107a**

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? **yes**

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) **B. E. Matlock, M. D.**  
(Address) **4030 Chautauque**

19. FUNERAL DIRECTOR **Albert H. Hoppe Inc.,**  
(ADDRESS) **429 N. Euclid Avenue**

**SEP 29 1937** 19 **J. F. Bredeck**  
Local Registrar.

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.

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**STATEMENT BY LICENSED EMBALMER**

I, Guy W. Wilkinson; Licensed Embalmer No. 3575

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

*Guy W. Wilkinson*

Licensed Embalmer No. 3575

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**