

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

Do not use this space.

JAN 24 1938

46633

1. PLACE OF DEATH

County St. Louis Registration District No. 785  
Township Bonhonne Primary Registration District No. 60 31  
City Chesterfield (No. Chesterfield, Mo.) St.                      Ward                     

File No.                       
Registered No. 170

2. FULL NAME Clifford W. Bourne (Browne)

(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)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 19, 1905  
AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

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) Roy Beach, California

13. NAME Chas. John Browne 2

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

15. MAIDEN NAME Sarah Sullivan 1

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

17. INFORMANT (ADDRESS)                     

18. BURIAL, CREMATION, OR REMOVAL                      DATE 12-23 19                     

19. UNDERTAKER (ADDRESS)                     

20. FILED 12-3- 19 37 Agnes Kelly Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 31, 19 37

22. I HEREBY CERTIFY, That I attended deceased from                     , 19                     , to                     , 19                     .

I last saw h.                      alive on                     , 19                     . Death is said to have occurred on the date stated above, at                      a.m.

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

Struck by an automobile while a pedestrian on a public highway. Date of onset 10/31/37

Other contributory causes of importance:                     

Fractured skull. 10/31/37

Name of operation None Date of                     

What test confirmed diagnosis Physical Was there an autopsy no

23. If death was due to external cause (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 10/31, 1937

Where did injury occur? Chesterfield, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Struck by auto

Nature of injury Fractured skull.

24. Was disease or injury in any way related to occupation of deceased? no

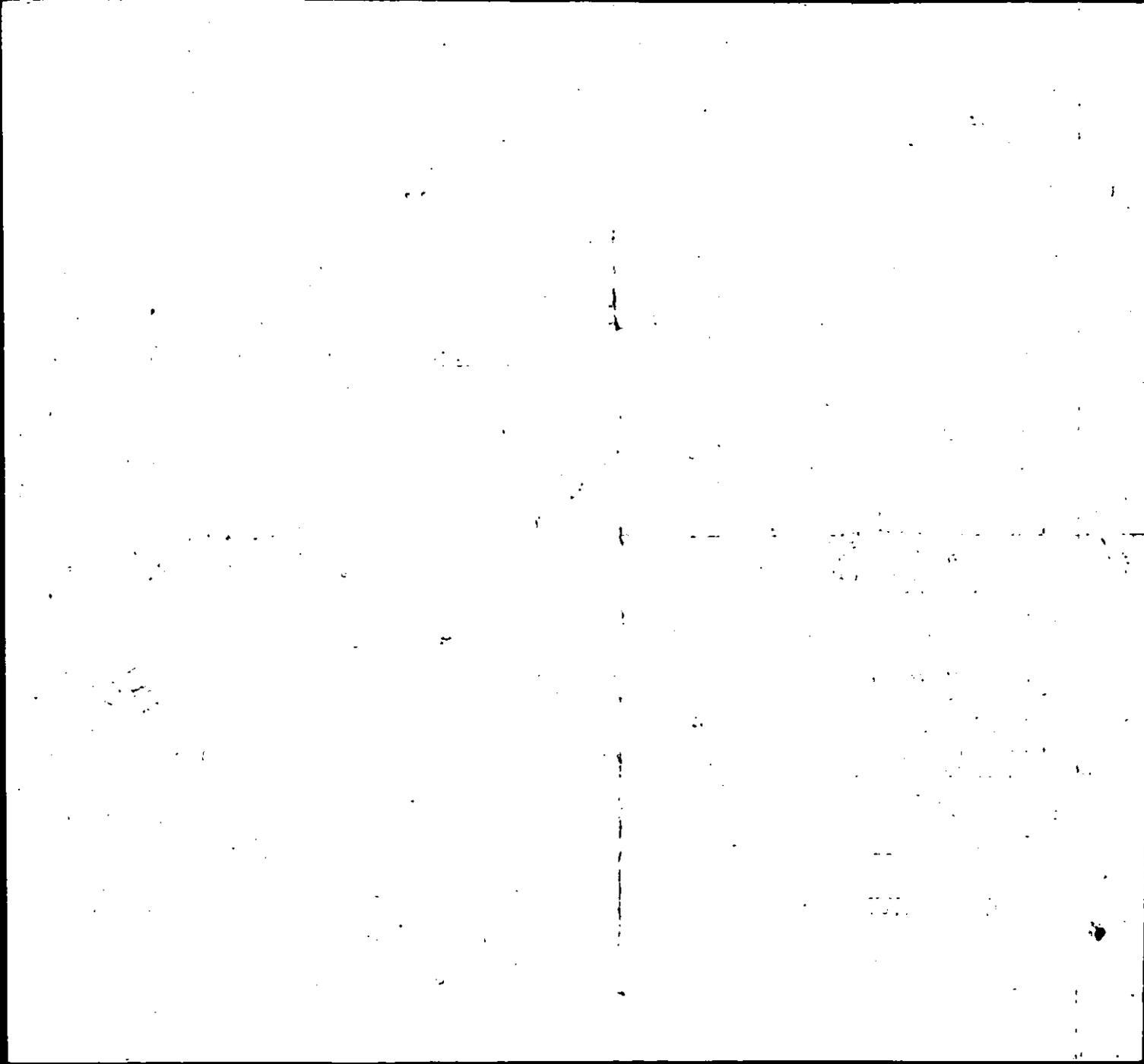
If so, specify                     

(Signed) John D. Campbell, M.D. (Address)                     

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

46833  
Do not use this space.

1. PLACE OF DEATH  
 (a) County St. Louis Registration District No. 985  
 (b) Township Bonhomme Primary Registration District No. 6031 Registered No. \_\_\_\_\_  
 (c) City Chesterfield (d) Street No. \_\_\_\_\_ St.  
 (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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Clifford W Bourne (Brown)  
 (a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Don't Know

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Don't Know

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
32 9 13

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. D.K.  
 9. Industry or business in which work was done, as saw mill, bank, etc. D.K.  
 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) D.K.

FATHER 13. NAME D.K.  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

MOTHER 15. MAIDEN NAME D.K.  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT (ADDRESS) John O'Connell, M.D.,  
Croner, St. Louis Co.

18. BURIAL, CREMATION, OR REMOVAL PLACE Anatomical Board

19. FUNERAL DIRECTOR (ADDRESS) Anatomical Board

20. FILED \_\_\_\_\_ 19\_\_\_\_ Local Registrar \_\_\_\_\_

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 31 1937

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_  
 I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 6:20 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Struck by an automobile while a pedestrian on a public highway  
 Date of onset 10/31/37  
 Other contributory causes of importance: fractured skull

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external cause (violence), fill in also the following:  
 Accident, suicide, or homicide? Accident Date of injury 10/31, 1937  
 Where did injury occur? Chesterfield Mo.  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury Public Place  
 Nature of injury Struck by auto, fractured skull

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) John O'Connell, M. D.  
 (Address) Car. St. Louis Co.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.  
 CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIAN'S should state

SUPPLEMENT

