

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas City Mo. (No. St. Josephs Hospital K.C.Mo. St. _____ Ward)

File No. 1517
 Registered No. 205

2. FULL NAME

Sophia Bour 600

(a) Residence, No. Lexington, Mo. St. _____ Ward. Lexington, Mo.
 (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 Female 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) April 18th, 1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
50 8 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
 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) Lexington, Mo.

13. NAME Victor J.C. Bour

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lexington, Mo.

15. MAIDEN NAME Annie E. Martin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph, Mo.

17. INFORMANT (ADDRESS) Miss Irene Bour
Lexington Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lexington, Mo. DATE Jan. 15th, 1938

19. UNDERTAKER (ADDRESS) Mrs. C. L. Forster, K.C.Mo.

20. FILED Jan 15 1938 M.M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-15-38 19

22. I HEREBY CERTIFY, That I attended deceased from 1-12-38, 19, to 1-15-38, 19.

I last saw her alive on 1-15-38, 19. Death is said to have occurred on the date stated above, at 6:50 A.M.

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

Tubo Ovarian Abscess - Peritonitis -
N.M.O. 139

Other contributory causes of importance:

Name of operation Op. Laparotomy Date of _____
 What test confirmed diagnosis? Culture 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?

If so, specify _____
 (Signed) Russell W. Sorenson, M. D.
 (Address) St. Louis

THIS IS A PERMANENT RECORD

WRITE PLAIN. X SHOULD BE UNREADING INK. THIS IS A PERMANENT RECORD. 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.

RECEIVED

FEB 12 1938

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MO. STATE BOARD OF HEALTH