

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

Do not use this space.

REC'D MAR 21 1938

1. PLACE OF DEATH

County Jasper Registration District No. 411
 Township Jasper Primary Registration District No. 2907
 City Jasper (No. 1616) St. S. Ward 42
 2. FULL NAME: Edw. O. Bourke
 (a) Residence, No. 1616 Wagon St., Ward 42
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 7106
Registered No.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3-SEX: M
 4. COLOR OR RACE: W
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Edw. O. Bourke
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 15 1875
 7. AGE: YEARS 63 MONTHS 0 DAYS 21
 8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc.: Carpenter
 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: 5

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar 8 1938
 22. I HEREBY CERTIFY, That I attended deceased from Mar 4 1938, to Mar 8 1938
 I last saw him alive on Mar 3 1938 Death is said to have occurred on the date stated above, at 5452 M
 The principal cause of death and related causes of importance were as follows:
 Cerebral Hemorrhage
 Date of onset:
 Other contributory causes of importance: C

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ellwood, Mo.
 13. NAME: Daniel O. Bourke
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland
 15. MAIDEN NAME: Mary James
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Fayette, Mo.
 17. INFORMANT (ADDRESS): Mrs. Edw. O. Bourke
 18. BURIAL, CREMATION, OR REBURY PLACE: Forest Hill, Mo. DATE: 9-9-38
 19. UNDERTAKER (ADDRESS):
 20. FILED: 3-10-38 21 5 James Registrar. 372

Name of operation: Date of:
 What test confirmed diagnosis? Was there an autopsy?
 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) M. D. J. J. James, M. D.
 (Address) Jasper, 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.

Correctly

