

REC'D MAR 22 1938

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

Do not use this space.

1. PLACE OF DEATH

County Boone Registration District No. 6-44
 Township Boone Primary Registration District No. 5853
 City Booneville Mo. R. D. St. _____ Ward) _____

File # 7659
 Registered No. #1

2. FULL NAME

Maria Bourgeret 626
 (a) Residence, No. Booneville Mo. R. D. Ward. _____

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 20 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 8 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

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) Osage mo

13. NAME James F. Wilson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osage mo

15. MAIDEN NAME Maria Mantle

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osage Co mo

17. INFORMANT John Bourgeret
 (ADDRESS) Booneville mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Washell mo DATE Feb 5 1938

19. UNDERTAKER Morton Funeral Home
 (ADDRESS) Booneville mo

20. FILED 1/5/38 Emily Mantle
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 3 1938

I HEREBY CERTIFY That I attended deceased from Jan 12 1938 to Feb 3rd 1938

I last saw him alive on Feb 3rd 1938 Death is said to have occurred on the date stated above, at 4 P. M.

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

Uremia
Senility

Date of onset

Other contributory causes of importance:

Cystitis
Chronic bronchitis

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical 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? No

If so, specify _____

(Signed) H. S. Linnick M.D., M. D.

(Address) Booneville 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.

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