

REC'D FEB 9 1939

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

Do not use this space.

1. PLACE OF DEATH

County

Grundy

Registration District No.

2
327

Township

Myers

Primary Registration District No.

5457

City

Paris

(No.)

St.

Ward)

2. FULL NAME

260 Donald Ray Bougher

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(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)

Single

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

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

July 17-1937

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

*1**5**17*

OCCUPATION

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

Child

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)

Farris Mo. RFD (Mintonsville)

MOTHER FATHER

13. NAME

Harley Bougher

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

Grundy Co Mo

15. MAIDEN NAME

Madge Cook

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

Mo.

17. INFORMANT (ADDRESS)

*Harley Bougher
Farris Mo RFD*

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Hickbrook Cem.

DATE

June 4

1939

19. UNDERTAKER (ADDRESS)

*Rt. 2, Bougher Son
Farris Mo*

20. FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Jan 3 1939

22. I HEREBY CERTIFY, That I attended deceased from

*Dec 27 1938, to Jan 3 1939*I last saw him alive on *Jan 3 1939*. Death is saidto have occurred on the date stated above, at *7:45 A.M.*

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

Diphtheria Cervicis

Date of onset

Other contributory causes of importance:

Influenza

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *No*

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)

U S Bradley

M. D.

*Starr**No*

299 (Address)

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.

100

100

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

2409
Do not use this space.

1. PLACE OF DEATH

(a) County Grundy Registration District No. 327
(b) Township Ingers Primary Registration District No. 2457 Registered No. 4
(c) City..... (d) Street No..... (If death occurred in Hospital or Institution, write its name instead of street and number) St.
(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 Donald Ray Bougher

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S (Use the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 2, 1939

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

22. HEREBY CERTIFY, That I attended deceased from Dec 28, 1938 to Jan 3, 1939

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-17-1937

I last saw him alive on Jan 3, 1939. Death is said to have occurred on the date stated above, at 7:45 a.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 5 17

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

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

Diphtheria Croup Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harris, Mo.

Other contributory causes of importance: Pneumonia

FATHER 13. NAME Harley Bougher

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grundy Co. Mo.

MOTHER 15. MAIDEN NAME Madge Cook

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Harley Bougher
Ball rd

18. BURIAL, CREMATION, OR REMOVAL PLACE W. P. Co. Cem. DATE Jan 4, 1939

19. FUNERAL DIRECTOR (ADDRESS) R. K. Perryman
Ball rd

20. FILED 1-3, 1939 W. D. Bradley
Local Registrar.

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) W. D. Bradley, M. D.
(Address) Harris, Mo.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
A. E.—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.

S-2409