

REC'D MAY 22 1939

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

15572  
Do not use this space.

1. PLACE OF DEATH  
(a) County Monroe Registration District No. 578  
(b) Township Clay Primary Registration District No. 578 Registered No. 578  
(c) City \_\_\_\_\_ (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 Isaac Newton Bourne  
(a) Residence, No. Monroe Co. Mo. St.  (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Alma Bourne  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12/25/1872  
7. AGE YEARS 66 MONTHS 3 DAYS 18 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
9. Industry or business in which work was done, as saw mill, bank, etc. farming  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_  
12. BIRTHPLACE (CITY OR TOWN) Marion Co. Mo. (STATE OR COUNTRY) \_\_\_\_\_  
FATHER 13. NAME John J. Bourne  
14. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) \_\_\_\_\_  
MOTHER 15. MAIDEN NAME Fannie Dingle  
16. BIRTHPLACE (CITY OR TOWN) Palmyra Mo. (STATE OR COUNTRY) \_\_\_\_\_  
17. INFORMANT Mrs. Alma Bourne (ADDRESS) Monroe Co. Mo.  
18. BURIAL, CREMATION, OR OTHER PLACE Shelbina Mo. DATE 4/2/39  
19. FUNERAL DIRECTOR (NAME) Million & Barkelew (ADDRESS) Shelbina Mo.  
20. FILED 4/15 19 39 new Shelbina Mo. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 3 - 1939  
22. I HEREBY CERTIFY, That I attended deceased from March 22, 1939, to April 3, 1939  
I last saw him alive on April 2, 1939. Death is said to have occurred on the date stated above, at 3:00 A. m.  
The principal cause of death and related causes of importance were as follows:  
Kidney infection accompanied  
Acute Nephritis  
Date of onset 3-22-39  
Other contributory causes of importance:  
Kidney Infection  
Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical 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) J. J. [Signature] M. D.  
(Address) Shelbina, 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.

1380  
RECEIVED

District Health Officer No. 10

District File Number 10-39-875-

Date Filed MAY 12 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Wm E. Diggins*

Licensed Embalmer No. *3957*

P. O. Address *Helena Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

MISSOURI STATE ARCHIVES  
CHICAGO, ILL. 60604  
MAY 12 1939



