

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

19195
 Do not use this space.

REC'D JUN 15 1939

1. PLACE OF DEATH

(a) County Maxie Registration District No. 547
 (b) Township Maxie Primary Registration District No. 3029 Registered No. 152
 (c) City Harrison (d) Street No. Levering Hospital 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. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Ferry S. Bourds

(a) Residence, No. 1810 Hope 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

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-15-1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 11 11

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. Laborer
 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) Paris MO

FATHER 13. NAME John W. Bourds

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

MOTHER 15. MAIDEN NAME Kizzie Smith

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

17. INFORMANT (ADDRESS) Ola Bourds 1810 Hope Harrison Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Grandview Burial DATE April 28 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) James Olanney Harrison Mo

20. FILED May 8 1939 WS Fisher Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 26 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 1937, 1937 to April 26, 1939
 I last saw him alive on April 26, 1939 Death is said to have occurred on the date stated above, at 2:30 p.m.
 The principal cause of death and related causes of importance were as follows:

Myocarditis

Date of onset 1937

Other contributory causes of importance: Arteriosclerosis (Atherosclerosis) 6 months

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) J. H. Starnes, M. D.
 (Address) Harrison 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.

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 *Michael J. Lawrence*.....

Licensed Embalmer No. *3286*.....

P. O. Address *Hennipaw 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.