

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

36189
Do not use this space.

1. PLACE OF DEATH

(a) County Harrison Registration District No. 334
 (b) Township Sturman Twp. Primary Registration District No. 5466 Registered No. 67
 (c) City..... (d) Street No.....
 (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

(a) Residence, No. 500 Anna M. Bourne 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

1. SEX Female
 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 Luther Bourne
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-26-1857
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 6 2
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housework
 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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrison Co. Mo

FATHER 13. NAME Wm. A. Bolan

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

MOTHER 15. MAIDEN NAME Evelyn Boyce

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

17. INFORMANT Waldo Winslow
(ADDRESS) Bethany Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Antioch Mo DATE 10-29 1939

19. FUNERAL DIRECTOR (NAME) W. H. Hays
(ADDRESS) Bethany Mo

20. FILED 10-31-1939 A. K. W. W.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-28 1939

22. I HEREBY CERTIFY, That I attended deceased from 10-27 1939, to 10-28 1939.
 I last saw him alive on 10-27 1939. Death is said to have occurred on the date stated above, at 1:30 m.
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
 Date of onset 1

Other contributory causes of importance: 93C

Name of operation None Date of 10-28-39

What test confirmed diagnosis? None 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 W. H. Hays, M. D.

(Signed) W. H. Hays (Address) Bethany Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

1939 NOV 9 1939

RECEIVED

District Health Officer No. 117

District File No. 1139-1449

Date 7 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 *S. M. Lass*

Licensed Embalmer No. 1078

P. O. Address *S. M. Lass*

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.