

SEP 24 1928 311

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

Do not use this space.

26515
995

1. PLACE OF DEATH

County Franklin
Township Franklin
City Franklin (No. State Hospital #2.)

Registration District No. 85
Primary Registration District No. 1001
State Hospital #2.

File No. 26515
Registered No. 995
St. _____ Ward _____

2. FULL NAME

Line Overturf

Line Overturf

(a) Residence. No. State Hosp #2 St. Franklin Mo. Franklin
(Usual place of abode)

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

Length of residence in city or town where death occurred 11 yrs. 5 mos. 5 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or WIFE of Queen Overturf

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1850

7. AGE YEARS 78 MONTHS _____ DAYS _____ IF LESS than 1 day, _____ hrs. or _____ min. Unknown

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) V
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Kent.

10. NAME OF FATHER Reuben Bourne

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Kentucky

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Unknown

14. INFORMANT Records, State Hosp # 2 Address St. Joseph Mo.

15. FILED Aug 20 1928 John J. [Signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 15 1928

17. I HEREBY CERTIFY, That I attended deceased from _____ 1928, to Aug 15, 1928 that I last saw her alive on Aug 15 1928 and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Senile exhaustion

16 1/2 / 16 1/2 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) _____ (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH, _____

0 DID AN OPERATION PRECEDE DEATH, _____ DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? [Signature]
(Signed) [Signature], M. D.

Aug 15, 1928 (Address) St. Joseph Mo.
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Memorial Park Cemetery DATE OF BURIAL Aug. 18, 1928

20. UNDERTAKER Walter Meierhoffer ADDRESS 1302 Aaron St.

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.

