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.

ZOM-2-19-36 I X7294

ESD MAY 11 1939

700

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No. 14253

Township Washington — Primary Registration District No. 100 — Registered No. 37½

City St. Joseph (No. State Hospital #2 St. Ward)

2. FULL NAME Reuben Bourne

(a) Residence, No. State Hospital #2 St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 37 yrs. mos. 22 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): Feb. 7, 1871

7. AGE: YEARS 68 — MONTHS 3 — DAYS 0 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chronic invalid
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): ?

FATHER

13. NAME Reuben Bourne
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky.

MOTHER

15. MAIDEN NAME Margaret J. Vannandall
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ind.

17. INFORMANT (ADDRESS) Mrs. May Shores, Leonard, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE State Hospital #2 DATE April 11, 1939

19. UNDERTAKER (ADDRESS) Walter Meierhoffer, 1302 Faraday St.

20. FILED 4/12, 1939 H. J. Hettebusch, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 15, 1902, to Apr. 7, 1939

I last saw him alive on ....., 1939. Death is said to have occurred on the date stated above, at 12-15 a.m.

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

	Date of onset
Arteriosclerosis	?
9 8 C	
Other contributory causes of importance: Chronic myocarditis	?

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) T. J. O'Dell, M. D.

(Address) State Hosp #2 St. Joseph

Not embalmed