

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.

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

Do not use this space.

44091

1. PLACE OF DEATH
 County Montgomery Registration District No. 595
 Township Wellsville mo Primary Registration District No. 4353
 City Wellsville mo (No.) St. Ward

2. FULL NAME Mary Jane Bourne
 (a) Residence, No. St. Ward

(Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Frank M. Bourne</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 21 1862</u>		
7. AGE <u>77</u>	YEARS	MONTHS
		<u>1</u>
		<u>17</u>
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>-</u>	
	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) <u>Crawford, Co. mo</u>		
MOTHER	13. NAME <u>Marian Coleman</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Crawford, Co. mo</u>	
	15. MAIDEN NAME <u>Lucinda Walton</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Crawford, Co. mo</u>	
17. INFORMANT <u>Mrs J. W. Morris</u> (ADDRESS) <u>Wellsville, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wellsville mo</u> DATE <u>Dec 10 1939</u>		
19. UNDERTAKER <u>F. W. Kuhn</u> (ADDRESS) <u>Wellsville mo.</u>		
20. FILED <u>Dec 10 1939 Mrs Mike Mc Dermott, 525</u> Registrar. (Address) <u>Wellsville Mo.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 10, 1939, to Dec 8, 1939
 I last saw him alive on Dec 8, 1939. Death is said to have occurred on the date stated above, at 5 P m.
 The principal cause of death and related causes of importance were as follows:

Arterio-Sclerosis	? yrs
Diffuse type	
nebritic	
sclerotic	→ ? yrs
Other contributory causes of importance:	
Hypertension	21 ? yrs
Cardiac Hypertrophy	3 yrs
Aortic Valves (sclerotic)	

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) A. C. Markson D.
 (Address) Wellsville Mo.

