

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St Louis (No.....)

Registration District No. 791
Primary Registration District No. 1003

File No. 32237
Registered No. 9647
St..... Ward.....

2. FULL NAME

Lewis Bootem
(a) Residence. No. 2603a Lawton Blvd W. Ward.
(Usual place of abode)

(If nonresident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE Caucd 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown abt. 1871

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
about 56

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN).....
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Lewis Bootem

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Emma Bootem
(Address) 2603 Lawton Blvd

15. FILED OCT 28 1927 Max B. Starke REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 24 1927

17. I HEREBY CERTIFY, That I attended deceased from Oct 20 1927 to Oct 24 1927 that I last saw him alive on Oct 24 1927 and that death occurred, on the date stated above, at 11:00 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia
10 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) none
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? at home
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF.....
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Haemoptisis
(Signed) Bryant Brown, M. D.
1927, 1927 (Address) 26010 Lawton wa

*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 Washington Park DATE OF BURIAL Oct 28 1927

20. UNDERTAKER J W Hughes ADDRESS 2630 Lawton

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.

