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

Do not use this space 33213

File No. 7 Greene

Registered No. 683

1. PLACE OF DEATH

County Greene Registration District No. 318

Township Primary Registration District No. 2001

City Springfield (No. 625 E. Elm St. Ward)

2. FULL NAME Mrs. Martha J. Booth

(a) Residence. No. 625 E. Elm St., 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

JAN 4 1928

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.

4. COLOR OR RACE Wh.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Wid

5a. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF (OR) WIFE OF~~ Waldo C Booth

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 11 - 1839

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
87	10	26	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Buffalo
(STATE OR COUNTRY) N.Y.

PARENTS

10. NAME OF FATHER Calvin F. S. Thomas

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

12. MAIDEN NAME OF MOTHER Eliza Sheldon

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

14. INFORMANT Stanley C. Booth
(Address) Springfield Mo.

15. FILED 11/8 1927 C. Forest Mills
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11/7 1927

17. I HEREBY CERTIFY, That I attended deceased from March 29, 1922, to Nov 7, 1927, that I last saw h. alive on Nov 4, 1927, and that death occurred, on the date stated above, at 3:15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Senility

164

(duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) J. Ferguson, M.D.

Nov 8, 1927 (Address) Springfield 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 Maple Park CEMETERY

DATE OF BURIAL 11/9 1927

20. UNDERTAKER Alma Lohmeyer

ADDRESS