

84 1928

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

Do not use this space.

19840

1. PLACE OF DEATH
 County..... Barnton Registration District No. 40
 Township..... Lamar Primary Registration District No. 40 24
 City..... Lamar (No.) St. Ward

2. FULL NAME..... Ralph S. Booten
 (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 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. ds.

File No.
 Registered No. 25
 St. Ward

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 26-1842

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
85 | 8 | 24 | — | — | —

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Retired Attorney
 (b) General nature of industry, business, or establishment in which employed (or employer)

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 20 1928
 17. I HEREBY CERTIFY, That I attended deceased from June 1, 1928, to June 20, 1928, that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at..... 5:00 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Chronic nephritis

131 129 (duration) yrs. mos. da.
 CONTRIBUTORY (SECONDARY) AW (duration) yrs. mos. da.

9. BIRTHPLACE (CITY OR TOWN) Caroline Furnace
 (STATE OR COUNTRY) Kentucky

10. NAME OF FATHER Hiram S. Booten

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

12. MAIDEN NAME OF MOTHER Emma Saint John

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

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH?.....
 8 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....
 WAS THERE AN AUTOPSY?.....
 WHAT TEST CONFIRMED DIAGNOSIS? (Signed) Thos. J. Miller, M. D.
 , 19 (Address) Lamar, Mo.

14. INFORMANT W. B. Diamond
 (Address) Lamar, Mo.

15. FILED 7-9-28 A. J. Myrath
 REGISTRAR

*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 Prestonsburg, Ky. DATE OF BURIAL

29. UNDERTAKER Ronantz Mch Co. ADDRESS Lamar,

N. B.—Every item of information should be carefully supplied. AGE should be carefully classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

T.F.M.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH.

County Barton

Registration District No. 40

File No. _____

Township _____

Primary Registration District No. 4024

Registered No. 33-

City Lamar (No. _____)

St. _____ Ward _____

2. FULL NAME

Ralph S. Rooten

(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 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____ (duration) yrs. mos. da.
(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) _____

10. NAME OF FATHER _____

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

12. MAIDEN NAME OF MOTHER _____

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

14.

INFORMANT _____ (Address) _____

15.

FILED 7-9-1928 A. J. Mynatt REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 20 1928

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h. _____ since on _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) _____, M. D. _____, 19____ (Address) _____

*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 _____

DATE OF BURIAL

6/24th 1928

20. UNDERTAKER _____

ADDRESS _____

SUPPLEMENTARY

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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