

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

Do not use this space.

1955

1. PLACE OF DEATH

County Jackson
Township Marie
City Lee's Summit (No. _____)

Registration District No. 400
Primary Registration District No. 555 D 1

File No. _____
Registered No. 5
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 45 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 Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Emily Booker
6. DATE OF BIRTH Actual Date Unknown
7. AGE Near 76 YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

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

9. BIRTHPLACE (CITY OR TOWN) Unknown Ky.
(STATE OR COUNTRY)

10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

14. INFORMANT Robert Booker
(Address) Lee's Summit, Mo.

15. James J. James REGISTRAR

2. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 9 19 29
17. I HEREBY CERTIFY That I attended deceased from Jan. 5 19 29 to Jan. 9 19 29 that I last saw him alive on Jan. 7 19 29 and that death occurred, on the date stated above, at 7:50 A.M.
THE CAUSE OF DEATH* WAS AS FOLLOWS: Apoplexy 82A 162

CONTRIBUTORY (SECONDARY) Smility (duration) yrs. mos. da. 4

18. WHERE WAS DISEASE CONTRACTED Home
IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? in
(Signed) J. J. Ragdale M.D.
, 19 (Address) Lee's Summit, 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 Lee's Summit Cemetery DATE OF BURIAL 1-11 19 29

20. UNDERTAKER Field & James Co. ADDRESS Lee's Summit

WRITE PLAINLY, WITH UNFADING INK. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified.

2 1929
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12
6

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