

MAY 2 1929

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

Do not use this space.

14032

1. PLACE OF DEATH

County Callaway
Township Jackson
City X (No.)

Registration District No. 102
Primary Registration District No. 3130

File No.
Registered No. 240
St. Ward)

2. FULL NAME Mary Elizabeth Boothe

(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

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 21 1929

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

17. I HEREBY CERTIFY That I attended deceased from April 12 1929 to April 21 1929 that I last saw h. ex. alive on Apr 12 1929 and that death occurred, on the date stated above, at 8:11 a.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 15 1848

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Haemorrhage
Sclerosis

7. AGE: YEARS MONTHS DAY If LESS than 1 day, hrs. or min.
80 10 26

(duration) 5 yrs. mos. da.

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

CONTRIBUTORY (SECONDARY) Senielites (duration) ✓ yrs. mos. da.

9. BIRTHPLACE (CITY OR TOWN) Bedford Co. Vir. (STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF BIRTH 7441

10. NAME OF FATHER John Beard

DID AN OPERATION PRECEDE DEATH? no DATE OF

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Hill-Crest Cemetery Fulton, Mo. DATE OF BURIAL Apr. 24 1929

12. MAIDEN NAME OF MOTHER Unknown

20. UNDERTAKER Hughes Marple ADDRESS AuxVasse, Mo.

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

14. INFORMANT Mrs Henry Benham (Address) AuxVasse, Mo.

15. FILED 4/25 1929 H. G. Thomas REGISTRAR

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.

2
2
2
2

