

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

Do not use this space.

32752

1. PLACE OF DEATH

County Sullivan

Registration District No. 849

Township

Primary Registration District No. 15-15

City Green City (No.)

File No.

Registered No. 19

St. Ward

2. FULL NAME

John Bookout

(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

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

Mary Bookout

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

Sept 14, 1859

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>70</u>	<u>0</u>	<u>3</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work retired farmer
 (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) Missouri

10. NAME OF FATHER

James Bookout

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Alabama

12. MAIDEN NAME OF MOTHER

Elizabeth Overstreet

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) don't know

14. INFORMANT

(Address) Mrs John Bookout
Green City, Mo

15. FILED

Oct 8 29 Miss Ketzler
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Sept. 17 1929

17. I HEREBY CERTIFY, That I attended deceased from

....., 19....., and that I last saw him alive on Sept 17 1929 and that death occurred, on the date stated above.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH

WAS THERE AN AUTOPSY

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Henry A. Drake M. D.

(Address) Milan, 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

DATE OF BURIAL

Mt. Pleish Cem. Sept 20 1929

20. UNDERTAKER

Alvan E. Kent Green City Mo

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.

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