

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

JUN 24 1930

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

Do not use this space.

7561-a

1. PLACE OF DEATH

County Adair Registration District No. 4
Township _____ Primary Registration District No. 3001
City Marksville (No. _____) St. _____ Ward _____

File No. _____
Registered No. 62

2. FULL NAME

Elva Booth
(a) Residence. No. 713 N. Jefferson St. Ward. 1
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>W</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Geo. Neff</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Apr 4-1855</u>		
7. AGE	YEARS <u>75</u>	MONTHS <u>0</u>
	DAYS <u>5</u>	IF LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>House Keeper</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) Adair
(STATE OR COUNTRY) Mo.

PARENTS	10. NAME OF FATHER <u>Yacob. Anthony</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>see if</u>
	12. MAIDEN NAME OF MOTHER <u>Elva Booth</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>

14. INFORMANT Geo. Neff
(Address)

15. FILED 4/30 1930 C. Becker
Deputy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) MAR 9 1930
17. I HEREBY CERTIFY, That I attended deceased from Mar 3 1930, to Mar 3 1930 that I last saw her alive on Mar 3 1930 and that death occurred, on the date stated above, at 2:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Senipectia
827 (duration) 15 M mos. ds.
CONTRIBUTORY (SECONDARY) 10 M (duration) yrs. mos. ds.

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? Physical Exam.
(Signed) J. W. Martin M. D.
(Address) 1615 Irving St. 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 Jewell DATE OF BURIAL Mar 10 1930
20. UNDERTAKER Summers Son ADDRESS Marksville Mo.

1938- 3- 9
1855- 3- 4

76- 0- 5