MAY 26 1930

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

Do not use this space.

15131

1. PLACE OF DEATH
County Vernon Registration District No. 875
Township Center Washington Registration District No. 6162
City Nevada Mo No. ..... St. ..... Ward)

File No. .....
Registered No. 86

2. FULL NAME Jillithia Boothe
(a) Residence. No. State Hospital # 3 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 22 1840

7. AGE Years 90 Months — Days — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) not known
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Joseph Cowden
11. BIRTHPLACE OF FATHER (CITY OR TOWN) not known
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER not known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) " "
(STATE OR COUNTRY)

14. INFORMANT State Hospital # 3
(Address) nevada, mo.

15. FILED 5/6 1930 E R King REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 23 1930

17. I HEREBY CERTIFY, That I attended deceased from March 14, 1928, to April 23, 1930 that I last saw her alive on April 23, 1930, and that death occurred, on the date stated above, at 4:50 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Ch. Myocarditis
93 C
97
(duration) 2 yrs. + mos. ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis
(duration) 2 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? Clinical
(Signed) K. Suyetoff, M. D
Ap, 23, 1930 (Address) State Hospital # 3.

*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 Clinton Mo
DATE OF BURIAL 4/26 1930

20. UNDERTAKER Ferry Funeral Home
ADDRESS Nevada Mo

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.