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

Do not use this space.

17770

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 4866

City St. Louis (No. Metropolitan Bldg - Grand & Olive St. ..... Ward)

2. FULL NAME David S. Booth

(a) Residence. No. 5107 Enright St., 12 Ward. (If nonresident, give city or town and State)
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	white	widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 6-1863

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
67	1	10	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Physician 1861 1911

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Interprize
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER David S. Booth

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

12. MAIDEN NAME OF MOTHER Cynthia Grounds

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

14. INFORMANT Mrs Josephine Sproul
(Address) 5107 Enright

15. FILED MAY 19, 1930 Max C. Starkey REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

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

17. No Physician in attendance
I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....., that I last saw h..... alive on ....., 19...., and that death occurred, on the date stated above, at 11 20 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Shock & Injuries (Fractured Skull) following fall from window.
..... (duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (SECONDARY) Whether accidental or intentional not ascertained
..... (duration) ....yrs. ....mos. ....ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) John J. Hurley M.D.
5/19 1930 (Address) Deputy Coroner

*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
Bellefontaine	May 19 1930
20. UNDERTAKER	ADDRESS
C R Lupton	4449 Olive

N. B.—Every item of information should be carefully supplied. AGE should be stated [illegible] CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.