

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

Do not use this space.

37258

1. PLACE OF DEATH

County Dallas
Township Grant
City Buffalo

Registration District No. 242
Primary Registration District No. 5335

File No. 26
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 27, 1862</u>		
7. AGE YEARS <u>69</u> MONTHS <u>10</u> DAYS _____	If LESS than 1 day, _____ hrs. or _____ min.	
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Farmer</u>		
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. _____		
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) _____		
11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION _____		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Birstow Ill.</u>		
13. NAME <u>E. H. Booth</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
15. MAIDEN NAME <u>unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
17. INFORMANT <u>Frank Booth</u> (ADDRESS) <u>Buffalo Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Louisburg Mo.</u> DATE <u>Nov. 28, 1931</u>		
19. UNDERTAKER <u>J. B. Jones</u> (ADDRESS) <u>Buffalo Mo.</u>		
20. FILED <u>1/2</u> 19 <u>31</u> <u>W. L. Morrison</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-27, 1931

22. I HEREBY CERTIFY, That I attended deceased from 11/26, 1931, to 11-27, 1931.
I last saw him alive on 11-27, 1931. Death is said to have occurred on the date stated above, at 8:30 a.m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
Date of onset _____

Other contributory causes of importance:
High Blood pressure

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) W. L. Morrison, M. D.
(Address) Louisburg Mo.

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.

20 1931

