

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan Registration District No. 85 File No. 3839
 Township Washington Primary Registration District No. 1001 Registered No. 193
 City St. Joseph (No. No. Methodist Hosp.) Ward

2. FULL NAME

Benjamin Franklin Booe
 (a) Residence, No. 915 So 20th St., Ward. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 9 1856</u>		
7. AGE	YEARS	MONTHS
<u>75</u>	<u>10</u>	<u>19</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Carpenter</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) <u>Jan. 19 1932</u>		
11. Total time (years) spent in this occupation. <u>50+</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Fayette County, Indiana</u>		
13. NAME <u>Alexander Booe</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown, Indiana</u>		
15. MAIDEN NAME <u>Mary Penry</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown, Indiana</u>		
17. INFORMANT (ADDRESS) <u>Homer Booe, 875 So 20th St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>City Cemetery</u> DATE <u>Feb. 29 1932</u>		
19. UNDERTAKER (ADDRESS) <u>E. A. Stideman, 2021 So. 19th St.</u>		
20. FILED <u>1-29</u> 19 <u>32</u> <u>John R. Bendix</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 28 1932

2. I HEREBY CERTIFY, That I attended deceased from 2-24 1932 to 2-28 1932
 I last saw him alive on 2/28 1932 Death is said to have occurred on the date stated above, at 2:30 a.m.
 The principal cause of death and related causes of importance were as follows:
108
Lobar Pneumonia
 Date of onset Feb 20 1932

Other contributory cause of importance: 108 (1)

Name of operation None Date of Feb 28 1932
 What test confirmed diagnosis? clinical Was there an autopsy? No

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? No
 If so, specify _____
 (Signed) W. C. Cash, M. D.
 (Address) 301 W. 8th Bldg

WRITE CLEARLY, 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.

MAR 21 1932

