

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.

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

Do not use this space.

4912

1. PLACE OF DEATH

County JacksonRegistration District No. 370Township RawPrimary Registration District No. 300City Kansas City(No. 420 W. 11th)File No. 775Registered No. 775

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____

(Usual place of abode)

St. XWard. Seba, Kansas

(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

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

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

Mary Ann Booy

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

7-14-1857

7. AGE

YEARS 74MONTHS 7DAYS 11

IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Farmer

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)

St. Louis, Mo.

FATHER

13. NAME

Elijah Alloway Booy

MOTHER

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Indiana

15. MAIDEN NAME

Wick Watts

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

unknown

17. INFORMANT (ADDRESS)

G. M. Booy, Seba, Kansas

18. BURIAL, CREMATION, OR REMOVAL

PLACE Seba, Kansas DATE 2-25-1932

19. UNDERTAKER (ADDRESS)

W. C. W. & Sons, 15 E. 11th

20. FILED

2/25/32 M. M. Cronin, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-25-193222. I HEREBY CERTIFY That I attended deceased from Dec 20, 1931 to Feb 25, 1932I last saw him alive on Feb 24, 1932. Death is saidto have occurred on the date stated above, at 4 1/2 m.

The principal cause of death and related causes of importance were as follows:

Progressive senile paralysis of respiratory muscles Date of onset March 1924

Other contributory causes of importance:

Secondary - Lobes Pneumonia Feb 23, 1932Name of operation None Date of _____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) A. J. Price, D.O. M. D.(Address) 1119 Washington Street, Kansas City, Mo.

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1953

RECORD

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