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.

APR 25 1932

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

Do not use this space.

7700

1. PLACE OF DEATH

19 County Cass — Registration District No. 154 — File No.

7 Township Index — Primary Registration District No. 4088 — Registered No.

3 City Garden City (No. , St. Ward)

2. FULL NAME Jacob F. Booker

(a) Residence, No. St., 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: male

4. COLOR OR RACE: White

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 23 1854

7. AGE: Years 77 — Months 3 — Days 1 — If LESS than 1 day, hrs. or min.

OCCUPATION

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

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): Iowa

FATHER

13. NAME: Jacob F. Booker

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

MOTHER

15. MAIDEN NAME: Sarah Gladen

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

17. INFORMANT (ADDRESS): John C. Booker, Garden City, Mo

18. BURIAL, CREATION, OR REMOVAL — PLACE: G.C. cemetery DATE: March 27 1932

19. UNDERTAKER (ADDRESS): J.M. Kauffman, Garden City, Mo

20. FILED , 19 Frank C. Eells, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mch-24-, 1932

22. I HEREBY CERTIFY, That I attended deceased from July-15-, 1930 to Mch-24-, 1932

That saw h. alive on Mch-23-, 1932. Death is said to have occurred on the date stated above, at m.

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

	Date of onset
Valvular Heart Disease	
Myocarditis	
197 A	
93 D	

Other contributory causes of importance:

Name of operation: — Date of: —

What test confirmed diagnosis: — 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) Frank C. Eells, M. D.

(Address) Garden City Mo