

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

Do not use this space.

1. PLACE OF DEATH
 41 County Harrison Registration District No. 356
 Township Cainsville Primary Registration District No. 4199
 3 City Cainsville (No.) St. Ward)
 3
 2. FULL NAME Jefferson Booth
 (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.

File No. 8177
 Registered No. 10

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Mar.

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-8 1932

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

17. I HEREBY CERTIFY, That I attended deceased from Feb. 23, 1931, to Feb. 20, 1932 that I last saw him alive on Feb. 20, 1932, and that death occurred, on the date stated above, at 7:15 a.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4-2-1850

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 9 6

87B
Paralysis Agitans
 (duration) yrs. mos. ds.

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Retired Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

CONTRIBUTORY (SECONDARY) 87B
 (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Muscat Co Mo

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH

10. NAME OF FATHER Charles Booth

8 DID AN OPERATION PRECEDE DEATH? DATE OF (D)

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

19. WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) H. Nalley M.D.

12. MAIDEN NAME OF MOTHER Rebecca Mullins

(Address) Cainsville Mo

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

*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.

14. INFORMANT Mrs Chas Larnuch
 (Address) Cainsville Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St Paul DATE OF BURIAL 9/10 1932

15. FILED 4/8, 1932 E E Odum
 REGISTRAR

20. UNDERTAKER G W Estep ADDRESS Cainsville Mo

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 26 1934

