

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 27 1932

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

Do not use this space.

12912

1. PLACE OF DEATH
 County Jasper Registration District No. 407
 Township Casterville Primary Registration District No. 4241
 City Casterville (No. _____) St. _____ Ward _____
 2. FULL NAME Murray F. Booker
 (a) Residence, No. R # 1 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) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Booker
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 23, 1867
 7. AGE YEARS 64 MONTHS 5 DAYS 15 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Houseman
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 165
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) Clinton County, Ind. (STATE OR COUNTRY)
 13. NAME A. P. Booker
 14. BIRTHPLACE (CITY OR TOWN) Ind. (STATE OR COUNTRY)
 15. MAIDEN NAME Mary Blystone
 16. BIRTHPLACE (CITY OR TOWN) Ind. (STATE OR COUNTRY)
 17. INFORMANT Emma Booker (ADDRESS) R # 1 Casterville Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Casterville Mo. DATE 4/8 1932
 19. UNDERTAKER Wells City Und. Co. (ADDRESS) Wells City Mo.
 20. FILED April 9, 1932 J. W. Clark Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 7, 1932
 22. I HEREBY CERTIFY, That I attended deceased from 4-8 1932 to 4-7 1932
 I last saw him alive on 4-7 1932 Death is said to have occurred on the date stated above, at 8:50 a. m.
 The principal cause of death and related causes of importance were as follows:
Bronchial Pneumonia Date of onset _____
 Other contributory causes of importance: flu
 Name of operation _____ Date of _____
 What test confirmed diagnosis? flu 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? _____
 If so, specify _____
 (Signed) W. D. Dugan, M. D.
 (Address) Wells City Mo.

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