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

Do not use this space.

21944

File No.

Registered No. 157

1. PLACE OF DEATH

10 County Boone — Registration District No. 73

3 Township — Primary Registration District No. 3006

8 City Columbia (No. ..., ... St. ... Ward)

2. FULL NAME Jack Boothe

(a) Residence, No. 407 N. 5th 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.

AUG 22 1932

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Negro	married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1857

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
Abt 75			

OCCUPATION

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.

10. Date deceased last worked at this occupation (month and year) June 1931

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Rocheport Missouri

FATHER

13. NAME Don't Know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Don't Know

MOTHER

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Don't Know

17. INFORMANT (ADDRESS) Lucy Boothe Columbia Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE 7-23 19 32

19. UNDERTAKER (ADDRESS) Stuart O. Parker Columbia Missouri

20. FILED 7/23/ 1932 Allie Selby Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-19 19 32

22. I HEREBY CERTIFY, That I attended deceased from ..., 1932, to July 19, 1932

I last saw him alive on July 18, 1932. Death is said to have occurred on the date stated above, at Don't Known m.

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

	Date of onset
Cirrhosis liver	Date Not Known
1248	

Other contributory causes of importance:

Ascites

Name of operation ... Date of ...

What test confirmed diagnosis? Symptoms & Laboratory 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. A. Norris, M. D.

(Address) Columbia 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.