

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.

NOV 28 1932

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

Do not use this space.

33459

1. PLACE OF DEATH
County St. Louis Co Hospital Registration District No. 740
Township Central Primary Registration District No. 6033
City Clayton Mo (No. St. Louis County Hospital) St. _____ Ward _____

72. FULL NAME Booth Bailey
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
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 Female 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Newborn
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 19th 1932
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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 9

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Co Hospital Clayton Mo

FATHER
13. NAME George Frederick Booth Jr.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

MOTHER
15. MAIDEN NAME Bulah Elizabeth Kobuska

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

17. INFORMANT (ADDRESS) Mother Mrs Booth

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill Cem DATE 10-25 1932

19. UNDERTAKER (ADDRESS) Louis H. Bopp Parkwood Mo

20. FILED Oct 24 1932 R.W. Sullivan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-19 1932
22. I HEREBY CERTIFY, That I attended deceased from Oct 19 1932, to Oct 19 1932
I last saw h. w. alive on Oct 19 1932 Death is said to have occurred on the date stated above, at 8:35 p.m.
The principal cause of death and related causes of importance were as follows:

Prematurity
159 / 150
Other contributory causes of importance: ①
Date of onset

Name of operation _____ 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? _____
If so, specify _____ (Signed) B. C. Korsh M. D.
(Address) St. Louis Co Hosp.

