

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.

MAY 22 1933

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

Do not use this space.

10342

1. PLACE OF DEATH

County Meru  
Township Meru  
City Cainsville (No. ....)

Registration District No. 1058  
Primary Registration District No. 5749

File No. ....  
Registered No. 9  
St. .... Ward)

2. FULL NAME

Mary Ellen 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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 5/23/32

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
L 9 18

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. L  
(b) General nature of industry, business, or establishment in which employed (or employer). L  
(c) Name of employer. L

9. BIRTHPLACE (CITY OR TOWN) Cainsville  
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Emmet Booth  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Meru Co  
(STATE OR COUNTRY) Missouri  
12. MAIDEN NAME OF MOTHER Bertha Johnson  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Meru Co  
(STATE OR COUNTRY) Missouri

14. INFORMANT Emmet Booth  
(Address) Cainsville Mo

15. FILED 3/14 1933 C E Osce  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 13 1933

17. I HEREBY CERTIFY, That I attended deceased from March 7, 1933, to March 13, 1933, that I last saw her alive on March 13, 1933, and that death occurred, on the date stated above, at 9:45 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Bronchitis Pneumonia  
107A

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? NO DATE OF .....

WAS THERE AN AUTOPSY? NO

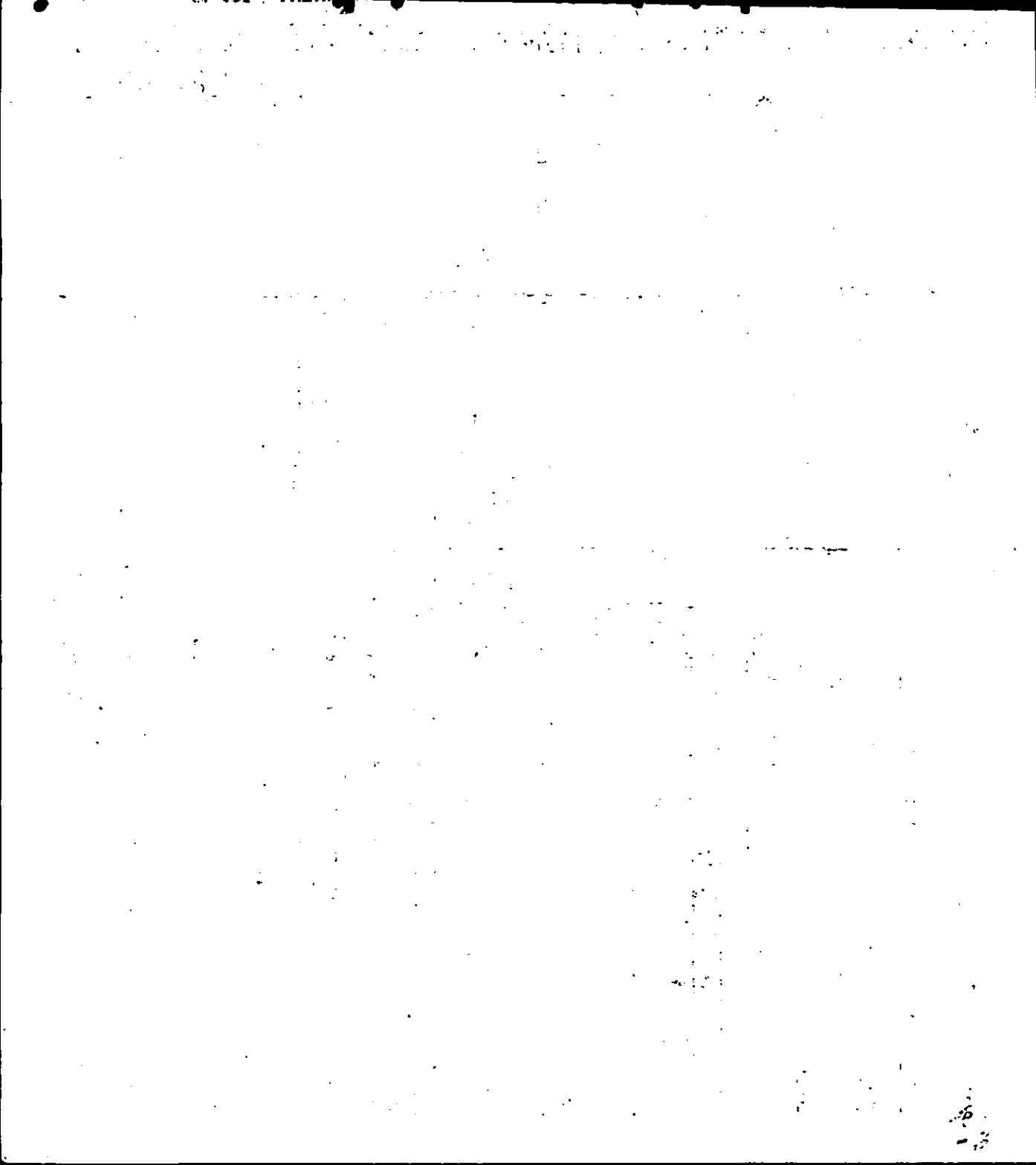
WHAT TEST CONFIRMED DIAGNOSIS? clinical  
(Signed) A. S. Duff M. D.

3/13 1933 (Address) Cainsville Mo

\*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Cain Cemetery DATE OF BURIAL March 14 1933

20. UNDERTAKER Estes ADDRESS Cainsville



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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Marion  
Township Marion  
City Marion (No. 558)

Registration District No. 558  
Primary Registration District No. 5749

File No. 7  
Registered No. 7  
St. Marion Ward 1

2. FULL NAME

Mary Ellen Barth  
(a) Residence, No. 558 St. Marion Ward 1  
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 3 1932

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

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED 19 6 & Oden Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 13 19 35

22. I HEREBY CERTIFY, That I attended deceased from

to

I last saw him alive on

to have occurred on the date stated above, at

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

Pneumonia Date of onset

Did not follow any

known disease

Other contributory causes of importance:

None

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

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)

(Address)

M. D.

10342