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 20 1933

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

Do not use this space.

33601

1. PLACE OF DEATH

57 County: Lincoln — Registration District No.: 493

Township: Monroe — Primary Registration District No.: 6652A

City: ..... (No. ....., ... St. ..... Ward)

File No.: .....

Registered No.: .....

2. FULL NAME: Annie Marie Booty

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(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: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 24, 1857

7. AGE — YEARS: 75 — MONTHS: 11 — DAYS: 29 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

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): Germany 10

FATHER

13. NAME: Dopel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 10

MOTHER

15. MAIDEN NAME: Did Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 10

17. INFORMANT: Mrs. W. Westermann
(ADDRESS): Moscow Mills, Mo. R.F.D.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Anderson Cemetery DATE: Oct 25, 1933

19. UNDERTAKER: David L. Fabush
(ADDRESS): Wilfred Missouri

20. FILED: 10/24/1933 J. F. Meinter
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-23, 1933, to 10-23, 1933

I last saw ~~her~~ alive on 10-23, 1933. Death is said to have occurred on the date stated above, at 4:20 p.m.

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

	Date of onset
Myocarditis chronic	
nephritis -	
181	
93D	

Other contributory causes of importance:

Name of operation ..... Date of .....

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 ....., 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? No

If so, specify .....

(Signed) H. S. Hoover, M. D.

(Address) Troy, Mo.