

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis Mo. Registration District No. 791
Township Primary Registration District No. 1003
City (No. Barnes Hospital) St. Ward)

27366

File No.
Registered No. 7609

2. FULL NAME

(a) Residence, No. St. 220 Ward. Pacific Mo.
(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 Margaret Booth.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12-20-1857

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
76 7 6

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Co Mo

FATHER 13. NAME Richard W Booth

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

MOTHER 15. MAIDEN NAME Lucy E Platt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Ayres Booth Pacific Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Pacific Mo DATE 7-26 1934

19. UNDERTAKER (ADDRESS) Thibodeau Hyd Co Pacific Mo

20. FILED L. E. J. 9:19 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/26/1934

22. I HEREBY CERTIFY, That I attended deceased from 7-15-1934 to 7-26-34
I last saw him alive on 7-26-34. Death is said to have occurred on the date stated above, at 2:05 A. M.

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

Uremia
Arteriosclerosis (Ren)
Sclerosis of kidneys.

Date of onset

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?
If so, specify

(Signed) Heathcote, M. D.
(Address) Barnes Hosp.

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.

AUG 15 1934

WHITE PRINT, WITH UNFADING INK—THIS IS A PERMANENT RECORD

