

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.

FEB 25 1935

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

Do not use this space.

1021

1. PLACE OF DEATH

County Harrison
Township Clay
City (No.) St. Ward

Registration District No. 335
Primary Registration District No. 3470

File No. 2
Registered No. _____

2. FULL NAME

William Booth

(a) Residence, No. Harrison Co. Mo. St. Ward.

(Usual place of abode) Length of residence in city or town where death occurred 23 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 Male 4. COLOR OR RACE Wht 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-27-1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 9 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. Stock Farming
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) 1-26-1935 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrison Co. Missouri

MOTHER FATHER 13. NAME Everman Booth

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

15. MAIDEN NAME Shugan Treves

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

17. INFORMANT (ADDRESS) W. Hancock
Carnesville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairview DATE 1-29-1935

19. UNDERTAKER (ADDRESS) J. Evan Johnson
Carnesville Mo.

20. FILED 1/29 19 35 J. Carter
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 26, 1935

22. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____

I last saw him alive on Jan 25, 1935. Death is said to have occurred on the date stated above, at 12:45 P. m.

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

Cerebral Hemorrhage Date of onset Jan 26/35

Other contributory causes of importance:

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) A. S. Huff M. D.
(Address) Carnesville Mo.

