

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.

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

Do not use this space.

APR 26 1935

1. PLACE OF DEATH

County St. LouisTownship RuthCity St. Louis

(No. _____)

Registration District No. 845Primary Registration District No. 6108

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME Laura W. Booth(a) Residence, No. Reeds Spring

(Usual place of abode)

Ward _____

(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

SEX

Female

4. COLOR OR RACE

White

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

widow

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFHenry Booth

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

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.None9. 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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

FATHER

13. NAME Don't know

MOTHER

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Don't know15. MAIDEN NAME Ross16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Don't know17. INFORMANT Lee Hays
(ADDRESS) Reeds Spring

18. BURIAL, CREMATION, OR REMOVAL

PLACE Woodsfield Mo DATE March 193519. UNDERTAKER Painey Undertaking Co
(ADDRESS) Woodsfield Mo20. FILED 3/6/ 1935A. S. Shumate
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 5 1935

22. I HEREBY CERTIFY That I attended deceased from

did not attend her 1935Last seen alive 1935 Death is said

to have occurred on the date stated above, at m.

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

From history I was given

cause I checked for

cerebral hemorrhage

Other contributory causes of importance:

Probably arteriosclerosis+ general anemia

Name of operation _____ Date of _____

What test confirmed diagnosis _____ 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 _____ 1935

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. Shumate M. D.(Address) Reeds Spring

