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.

DEC 2 1935

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

Do not use this space.

36158

1. PLACE OF DEATH
County Jackson
Township Kan
City KC Mo (No. 2109 Highland St. Ward)
Registration District No. 399
Primary Registration District No. 1002
File No. 4284
Registered No.

2. FULL NAME Geeter Booker
(a) Residence, No. 2109 Highland 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 male
4. COLOR OR RACE negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 12 - 1907

7. AGE YEARS 28 MONTHS 8 DAYS 5 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur
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) Mo

FATHER
13. NAME Geeter Booker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Amelia McKenzie
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Bessie Stewart (Sister) 2109 Highland KC Mo

18. BURIAL, CREMATION, OR REMOVAL Blue Ridge Lawn DATE 11-20-35 19

19. UNDERTAKER (ADDRESS) Flynn + Greenstreet KC Mo

20. FILED Nov 19 1935 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 26, 1935, to Nov 17, 1935
I last saw him alive on Nov 17, 1935. Death is said to have occurred on the date stated above, at 10-12 P.M.
The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia

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? Yes
If so, specify exposure to weather
(Signed) B. B. Jackson, M. D.
(Address) 1124 E 18th St. KC Mo