

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.

JAN 23 1936  
JAN 5 3 1936

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

Do not use this space.

39453

1. PLACE OF DEATH

County Jackson Registration District No. 1007  
Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_  
City Mercury (No. Mercury Hospital) St. A550 Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

2. FULL NAME

(a) Residence, No. Excelsior Springs Mo Ward \_\_\_\_\_  
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Infant</u>
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 15, 1925</u>		
7. AGE	YEARS <u>1</u>	MONTHS <u>1</u>
	DAY <u>17</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>X</u>	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>X</u>
	10. Date deceased last worked at this occupation (month and year) <u>X</u>	11. Total time (years) spent in this occupation <u>X</u>
	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Excelsior Springs Mo</u>	
FATHER	13. NAME <u>Gilbert Booker</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wellington Iowa</u>	
MOTHER	15. MAIDEN NAME <u>Isabelle Patten</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Excelsior Springs Mo</u>	
17. INFORMANT (ADDRESS) <u>S. H. Johnson Smith Excelsior Springs</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Excelsior Springs</u> DATE <u>Dec 3, 1935</u>		
19. UNDERTAKER (ADDRESS) <u>Herbert Home Excelsior Springs Mo</u>		
20. FILED <u>12-1</u> 19 <u>35</u> M. M. <u>Crohn</u> <u>ass't</u> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-2 1935

22. I HEREBY CERTIFY, That I attended deceased from 11/16 1935, to 12-2 1935  
I last saw him alive on 12-2 1935 Death is said to have occurred on the date stated above, at 6:45 A.M.  
The principal cause of death and related causes of importance were as follows:  
Pneumonia  
atthoraxia  
159

Date of onset  
P. M. M.  
P. M. M.

Other contributory causes of importance:  
none

Name of operation no 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 \_\_\_\_\_, 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) Harry D. Gray \_\_\_\_\_ M. D.  
(Address) 804 Profy Bldg. K.C. Mo.

