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.

MAY 25 1936

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

Do not use this space.

16234

1. PLACE OF DEATH
County Oregon — Registration District No. 636 — File No.
Township Piney ~~Alton~~ — Primary Registration District No. 3844 — Registered No. 17
City (No. , St. Ward)

2. FULL NAME Parlee Booker

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe
4. COLOR OR RACE Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thos. H Booker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 14 1 1864

7. AGE YEARS 71 MONTHS 10 DAYS 16 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
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) Murphysboro Tenn

FATHER
13. NAME ? Mc Croy
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs. L.B.Henry

18. BURIAL, CREMATION, OR REMOVAL
PLACE Alton Mo DATE 5/2/38 19

19. UNDERTAKER (ADDRESS) Leo Carr Thayer Mo

20. FILED 5/2 1934 Enoch Bailey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4 - 30 1936

22. I HEREBY CERTIFY, That I attended deceased from 4 25 1936, to 4 ~~26~~ 27 1936
I last saw h alive on 19 Death is said to have occurred on the date stated above, at 1:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Sunday Apr 26/36	
Senility	
1100	

Other contributory causes of importance: Cold & Flue

Name of operation no 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? at Home (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. no
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) G B Parrett, M. D.
(Address) Alton Mo