

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 20 1936

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

Do not use this space.

41702

1. PLACE OF DEATH

County Johnson Registration District No. 5586 Post Oak File No. 3
 Township Post Oak Primary Registration District No. 4256 Leeton Mo Registered No. 430
 City Leeton, Mo. (No. _____, St. _____ Ward _____)

2. FULL NAME Minnie Maude Boothe

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 15 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF G. L. Boothe
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 27th. 1867
 7. AGE YEARS 68 MONTHS II DAYS II If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife.
 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) Johnson Co., Mo.

13. NAME Franklin Cooper
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentuck y

15. MAIDEN NAME Mary Ann Neale
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Miss Ethle Boothe,
 (ADDRESS) Leeton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Windsor, Mo. DATE II-9-36 19 _____

19. UNDERTAKER R. A. Brauninger, Leeton, Mo
 (ADDRESS)

20. FILED _____ 19 _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) II-8-36 19 _____
 22. I HEREBY CERTIFY, That I attended deceased from 10/15, 1936, to 11/8, 1936
 I last saw her alive on Nov 8-11/8, 1936 Death is said to have occurred on the date stated above, at 7:30 A. M.
 The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis
Quadruple Ulcer
 Other contributory causes of importance:
Drunk

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?
 If so, specify _____
 (Signed) [Signature] M. D.
 (Address) Leeton Mo

UNITED STATES

DEPARTMENT OF JUSTICE

CRIMINAL DIVISION

IN RE: [Illegible Name]

[Illegible text]

83

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

UNITED STATES

DEPARTMENT OF JUSTICE

CRIMINAL DIVISION

IN RE: [Illegible Name]

[Illegible text]

83

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

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

Do not use this space.

1. PLACE OF DEATH

County Johnson

Registration District No. 430

File No.

Township Past Oak

Primary Registration District No. 3386

Registered No. 430

City (No., St. Ward)

2. FULL NAME

Minnie Maude Boathe

(a) Residence, No. 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Wed (write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 11 11

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

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED Jan 21 1937 Mrs J Adolphine Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-8 1936

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
I last saw him alive on 19..... 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:

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?
If so, specify.....
(Signed)....., M. D.
(Address).....

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.

SUPPLEMENT

S-41702