

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

Do not use this space.

48641

1. PLACE OF DEATH

County Mercer
Township Lindley
City Saline, Mo.

Registration District No. 558
Primary Registration District No. 552

File No. _____
Registered No. 47
St. _____ Ward _____

2. FULL NAME

(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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 26, 1936

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shillhorn
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shillhorn
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Mercer County, Missouri
(STATE OR COUNTRY)

13. NAME Leonard Wayne Booth

14. BIRTHPLACE (CITY OR TOWN) Mercer Co. Missouri
(STATE OR COUNTRY)

15. MAIDEN NAME Lair Pauline Brunger

16. BIRTHPLACE (CITY OR TOWN) Barton Co. Missouri
(STATE OR COUNTRY)

17. INFORMANT Leonard Wayne Booth
(ADDRESS) Camsville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Freedom Cemetery DATE July 27, 1936

19. UNDERTAKER Eddie J. St. John
(ADDRESS) Camsville, Mo.

20. FILED 7/26/36 J. M. Reilly Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26, 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 10:15 a.m.

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

Stillborn
Cause unknown

Other contributory causes of importance:

Name of operation no Date of _____
What test confirmed diagnosis? physician 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) J. M. Reilly, M. D.
(Address) Camsville, Mo.

