

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

Do not use this space.

FEB 27 1937

1. PLACE OF DEATH

County Mercer Registration District No. 558
 Township Lidley Primary Registration District No. 575
 City Cainsville (No. Mercer Co., Mo.) St. _____ Ward _____

File No. 7253
 Registered No. 15

2. FULL NAME

(a) Residence, No. R. 7, Cainsville, Mo. 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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Infant</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>February 7, 1937</u>		
7. AGE YEARS	MONTHS	DAY
_____	_____	_____ <u>if LESS than 1 day, _____ hrs. or _____ min.</u>
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Infant</u>	
	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) <u>Mercer County Missouri</u>		
FATHER	13. NAME <u>Ray Booth</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cainsville Missouri</u>	
MOTHER	15. MAIDEN NAME <u>Daisy Cain</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cainsville Mo</u>	
17. INFORMANT (ADDRESS) <u>Ray Booth Cainsville Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St Paul Cemetery</u> DATE <u>Feb 8, 1937</u>		
19. UNDERTAKER (ADDRESS) <u>Eddie H. Klaska Cainsville Mo</u>		
20. FILED <u>2/10</u> 19 <u>37</u> <u>J. M. Parry</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw h. _____ 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:
Stillborn
cause unknown
 Date of onset _____

Other contributory causes of importance: _____

Name of operation no Date of _____
 What test confirmed diagnosis? Phys 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. S. Lusk, M. D.
 (Address) Cainsville Mo

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.

