

REC'D JUN 15 1938

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

Do not use this space.

1. PLACE OF DEATH

County JacksonRegistration District No. 398

18451

Township

Primary Registration District No. 3019

File No.

Registered No. 145City Independence

(No.)

St.

Ward)

2. FULL NAME Wilhelmina Bootman(a) Residence, No. 1104 S. Dodgeon

St.

Ward.

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. P. Bootman6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 19 18727. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 0 25 - 208. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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 112. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Omaha Nebraska13. NAME John Johnson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden15. MAIDEN NAME Earnestine16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden17. INFORMANT Roy Davey
(ADDRESS) 1104 S. Dodgeon

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mound Grove DATE May 12 193819. UNDERTAKER Cato & Speaks Funeral Home
(ADDRESS) Independence, Mo.20. FILED 5-14-38 J. L. Cook
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12 193822. I HEREBY CERTIFY, That I attended deceased from May 10 1938, to May 2 1938I last saw him alive on May 12 1938. Death is saidto have occurred on the date stated above, at 2:30 P.M.

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

Coronary thrombosis Date of onset May 10 1938

Other contributory causes of importance:

old myocardial degeneration yearsName of operation none Date ofWhat test confirmed diagnosis? clinical Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury none 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 noneNature of injury none

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John J. Green, M. D.(Address) Independence, Mo.

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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.

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