

REC'D FEB 11 1939

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

 2098
 Do not use this space.

1. PLACE OF DEATH

 (a) County Cooper Registration District No. 217
 (b) Township Lamine Primary Registration District No. 3308
 (c) City Lamine (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

 (a) Residence, No. John P. Booker
Lamine Mo (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

 3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret Booker
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-8-1860
 7. AGE YEARS 78 MONTHS 5 DAYS 20 If LESS than 1 day, _____ hrs. or _____ min.

 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as saw mill, bank, etc. _____

 10. Date deceased last worked at this occupation (month and year) 1935 11. Total time (years) spent in this occupation 65
12. BIRTHPLACE (CITY OR TOWN) Lamine (STATE OR COUNTRY) Missouri13. NAME Richard Booker14. BIRTHPLACE (CITY OR TOWN) Virginia (STATE OR COUNTRY) _____15. MAIDEN NAME Emily Napier16. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) _____17. INFORMANT (ADDRESS) Mrs Opal Martin
Boonville Mo18. BURIAL, CREMATION, OR REMOVAL Lamine Cemi DATE Jan 30, 193919. FUNERAL DIRECTOR (NAME) Hayden H. Hockley (ADDRESS) Pilot Knob, Mo.20. FILED 1-30-39 H. V. Hovey Local Registrar21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 28, 193922. I HEREBY CERTIFY, That I attended deceased from Jan 22, 1939 to Jan 28, 1939I last saw him alive on Jan 27, 1939. Death is said to have occurred on the date stated above, at 10 A. M.

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

Nephritis interstitial chronic Date of onset _____Heart CollapseOther contributory causes of importance: Smoking 121Name of operation None Date of _____What test confirmed diagnosis? _____ Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? None Date of injury _____, 19____Where did injury occur? None (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place. NoneManner of injury None

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) M. S. McQuinn, M. D.(Address) Boonville Mo. 196

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

~~working under my personal supervision.~~

Signed.....

Licensed Embalmer No. *3074*

P. O. Address *Pilot Grove*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.