REC'D FEB 16 1939

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

Do not use this space.

File No. 2416

Registered No. 3

1. PLACE OF DEATH
County Harrison
Township
City Cainsville (No. St. Ward)

Registration District No. 3 3 6
Primary Registration District No. 4199

2. FULL NAME David H. Booth

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 18 1855

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	83	4	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
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) Mercer County
(STATE OR COUNTRY) Missouri.

FATHER
13. NAME Anderville Booth
14. BIRTHPLACE (CITY OR TOWN) Virginia
(STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Mary Ann Elliott
16. BIRTHPLACE (CITY OR TOWN) Kentucky
(STATE OR COUNTRY)

17. INFORMANT Loren Booth
(ADDRESS) Cainsville, Missouri.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fairview Cemetery DATE Feb. 1, 1939

19. UNDERTAKER E. H. Hoskins
(ADDRESS) Cainsville, Missouri.

20. FILED 2/1/39 C. E. Odell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 30, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 27 1939, to Jan. 30 1939
I last saw him alive on Jan. 26 1939. Death is said to have occurred on the date stated above, at 2:00 P. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Melancholia	
Other contributory causes of importance:	

84

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) H. Maley, M. D.
(Address) Cainsville, Missouri.

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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