

REC'D MAR 21 1939

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

Do not use this space.

1. PLACE OF DEATH

75th County Oregon
Township Johnson
City 260 (No. 1)

Registration District No. 1064
Primary Registration District No. 5842

File No. 7367
Registered No. 1 St. _____ Ward _____

2. FULL NAME Lurida Myrtle Booker

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Fem. 4. COLOR OR RACE W- 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-10-1939

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ch. E. Booker

22. I HEREBY CERTIFY, That I attended deceased from Feb. 3- 1939, to Feb. 10- 1939
I last saw her alive on Feb. 10- 1939. Death is said to have occurred on the date stated above, at 7 A. m.
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2/12/1886
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 52 11 28

Bronchial Pneumonia Date of onset 2/2/39

8. 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 _____

Other contributory causes of importance: flu

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO.

FATHER 13. NAME L. A. Roberts

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Mary Taylor

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT Perry Roberts (ADDRESS) Alton Mo. R. 1

18. BURIAL, CREMATION, OR REMOVAL PLACE Lance Cem DATE 2-11-1939

19. UNDERTAKER Neighbors (ADDRESS) _____

20. FILED 2-27-1939 W. J. Botham Registrar.

Name of operation _____ Date of _____

What test confirmed diagnosis? general 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? If so, specify _____ (Signed) H. B. Forest M. D.

(Address) Alton Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

