

1939 MAY 22 1938

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

15387  
Do not use this space.

1. PLACE OF DEATH

(a) County Lin Registration District No. 496  
(b) Township Brookfield Primary Registration District No. 3025 Registered No. 43  
(c) City Brookfield (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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

3rd Mrs. Leuina E. Booth  
(a) Residence, No. 401 daded av St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female  
4. COLOR OR RACE White  
5. SINGLE (MARRIED) WIDOWED, OR DIVORCED (write the word) \_\_\_\_\_  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J B Booth  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 16 - 1867  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
72 2 9  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
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) Mar 1 - 39  
11. Total time (years) spent in this occupation 50 yrs  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monmouth Ill  
13. NAME Leuina E. Perham  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know Ill  
15. MAIDEN NAME Mary Nichols  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know Ill  
17. INFORMANT (ADDRESS) Mrs. E. D. Cassidy Brookfield  
18. BURIAL, CREMATION, OR REMOVAL PLACE Rose Hill DATE Apr 27 39  
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Henry J. Bellini Brookfield  
20. FILED May 1 - 39 Brookfield Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 25 1939  
22. I HEREBY CERTIFY, That I attended deceased from 3-16 1939, to 4-25 1939  
I last saw her alive on 4-25 1939 Death is said to have occurred on the date stated above, at 12:35 m. A  
The principal cause of death and related causes of importance were as follows:  
Carcinoma of liver Date of onset 1935  
Secondary leukemia 1936  
(very marked)  
Other contributory causes of importance:  
Name of operation None Date of None  
What test confirmed diagnosis? usual Was there an autopsy? Yes  
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) W. E. Enoch  
445 (Address) Brookfield Mo

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.

RECEIVED

District Health Officer No. 10

District File Number 10-39-830

Date Filed MAY 3 1939

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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..... L. W. Collins.....

Licensed Embalmer No. 11647

P. O. Address Brookfield

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.