

6 JUN 8 1939

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

19527
Do not use this space.

1. PLACE OF DEATH

(a) County Platte Registration District No. 698
(b) Township Weston Primary Registration District No. 5926
(c) City _____ (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

Samuel H. Booth
(a) Residence, No. _____ 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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Josephine Booth
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 1st 1857
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 81 9 16

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farming
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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sharpsburg Kentucky

FATHER 13. NAME John R. Booth

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

MOTHER 15. MAIDEN NAME Rebecca Ballou

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT Wesley H. Paulbit (ADDRESS) Weston

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Ridge DATE May 18 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Lucian Davis Dearborn Mo.

20. FILED 4/17 1939 J. H. Brill Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17th 1939

22. I HEREBY CERTIFY, That I attended deceased from May 7 1939, to May 7 1939
I last saw him alive on May 7 1939 Death is said to have occurred on the date stated above, at 6 a.m.
The principal cause of death and related causes of importance were as follows:

Myocarditis acute
Cerebral hemorrhage
Arteriosclerosis

Other contributory causes of importance: 93 W

Name of operation none 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? no
If so, specify _____
(Signed) R. J. DeLangis M. D.
628 (Address) Weston Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

I X18603

RECEIVED

District Health Officer No. 11;

District File Number 39-573

Date Filed JUN 5 1939

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 Lucian Davis

Licensed Embalmer No. 1714

P. O. Address Dearborn mo.

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.