

REC'D AUG 7 1939

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

24615

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township East Primary Registration District No. 1002
 (c) City Kansas City (d) Street No. Heatley Tror Hospital Registered No. 2828
 (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 Patricia Booker

(a) Residence, No. 2203 Park 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 Fe 4. COLOR OR RACE col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 9, 1939

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

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Infant
 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) Kansas City Mo

FATHER
 13. NAME David Booker

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

MOTHER
 15. MAIDEN NAME Belvis Street

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Muskogee Okla

17. INFORMANT (ADDRESS) David Booker 2203 Park

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE 7/14 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Starkins Bros 1724 Wyden

20. FILED July 4 1939 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-13-39

22. I HEREBY CERTIFY, That I attended deceased from July 9 1939 to July 13 1939
 I last saw him alive on July 13 1939 Death is said to have occurred on the date stated above, at 9:45 am.
 The principal cause of death and related causes of importance were as follows:

Hemorrhagic Disease of the New Born

Date of onset

16/10

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? Laboratory 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) Eugene P. Chatham M. D.
 (Address) 2200 E. 18th St
H. C. 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.

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.....

T. B. Hopkins

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

working under my personal supervision.

Signed.....

T. B. Hopkins

Licensed Embalmer No. *2889*

P. O. Address *1729 Lyden*

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.