

1939 SEP 1 1939

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

Do not use this space.

29833

1. PLACE OF DEATH

County noeaway
Township ackinson
City _____

Registration District No. 619
Primary Registration District No. 5821

File No. 7
Registered No. _____
St. _____ Ward _____

2. FULL NAME 242 Lois Booze Nicholas

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lloyd Nicholas

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 14 - 1916

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
22 11 11

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. At Home

10. Date deceased last worked at this occupation (month and year) April 9, 1939 11. Total time (years) spent in this occupation 3 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clearmont Mo

13. NAME Henry Curtis Booze

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

15. MAIDEN NAME Elta Attebery

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Worth County Mo

17. INFORMANT Lloyd Nicholas (ADDRESS) Clearmont Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hopkins, Mo DATE July 27, 1939

19. UNDERTAKER Stanley Swanson (ADDRESS) 550 Hopkins, Mo

20. FILED Aug 5, 1939 J. B. Humphrey (Address) _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/25-1939

22. I HEREBY CERTIFY, That I attended deceased from June 1st, 1939 to July 25, 1939

I last saw her alive on 7/23, 1939. Death is said to have occurred on the date stated above, at 9:25 am.

The principal cause of death and related causes of importance were as follows:

Lymphatic Leukaemia Date of onset Unknown

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? Micro 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) P. W. KIRK M. D.
Hopkins

RECEIVED

District Health Officer No. 11;

District File Number 939-1087

Date Filed AUG 26 1939

JUL 1 1939