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.

NOV 24 1939

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

Do not use this space.

36178

1. PLACE OF DEATH

County: Harrison — Registration District No. 336

Township: — Primary Registration District No. 4199

City: Cainsville (No. ..., ... St. ..... Ward)

File No. ..... Registered No. .....

2. FULL NAME Mary Jane Booth

(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

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: George W. Booth

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 19, 1867

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	72	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeper

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: .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mercer County Missouri

FATHER

13. NAME: Isaac Sexton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

MOTHER

15. MAIDEN NAME: Elizabeth Sparks

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): North Carolina

17. INFORMANT: F. J. Wilson
(ADDRESS) Cainsville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Zoar Cemetery DATE: October 4, 1939

19. UNDERTAKER: Eddie J. Stoklasa
(ADDRESS) Cainsville, Missouri.

20. FILED: 10/2, 1939 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 1st, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 30th, 1939, to Oct. 1st, 1939.
I last saw her alive on Oct. 1st, 1939. Death is said to have occurred on the date stated above, at 12:35 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	

Other contributory causes of importance: 94 A

Name of operation: — 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? .....
If so, specify: —

(Signed) H. Nally, M. D.
(Address) Cainsville Mo.

District Health Officer No. 11
District File Number 1139-1542
Date NOV 14 1939