

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.

FILED MAY 10 1941

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

Do not use this space.  
13648  
1629  
File No.  
Registered No.

1. PLACE OF DEATH  
County Jackson Registration District No. 399  
Township Row Primary Registration District No. 1002  
City Kennett Mo. (City of Princeton Wetherston) Registered No. 1002 Ward

2. FULL NAME Tom A. Booz  
(a) Residence, No. Fontana, Kansas Route #2  
(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 Male 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 12 - 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
60 10 2

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

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) Va.

FATHER  
13. NAME Geo. A. Booz

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

MOTHER  
15. MAIDEN NAME Margaret

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

17. INFORMANT Mrs. W. A. Booz  
(ADDRESS) Fontana, Kansas

18. BURIAL, CREMATION, OR REMOVAL  
PLACE At Goddard DATE 4-27 1941

19. UNDERTAKER Hayes  
(ADDRESS) Fontana, Kansas

20. FILED 4/25, 1941 M. N. Crowe  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 24 1941

22. I HEREBY CERTIFY, That I attended deceased from April 18 1941, to April 24 1941  
I last saw him alive on April 24 1941. Death is said to have occurred on the date stated above, at 11:55 p.m.  
The principal cause of death and related causes of importance were as follows:  
Carcinoma of colon (splenic flexure). About 1838.  
Peritonitis (acute) 4-20-41.  
Other contributory causes of importance:  
Peritonitis (encapsulated) 4-20-41.

Name of operation Colon resection Date of 4-19-41  
What test confirmed diagnosis? Microscopic 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? No.  
If so, specify \_\_\_\_\_  
(Signed) Dr. Geo. B. Norberg M. D.  
(Address) Princeton, Wetherston, Mo.  
Dr. J. H. Kauter, M.D. (Attending)

