

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.

JUL 28 1937

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

Do not use this space.

23810

1. PLACE OF DEATH  
 County Henry Registration District No. 347  
 Township Clinton Primary Registration District No. 3018  
 City Clinton (No. 1) St. Mo. Ward 1

2. FULL NAME John Stillman Booth  
 (a) Residence, No. 3018 St. Mo. Ward 1  
 (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 M 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 Elsie A Booth

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 14 1868

|           |           |           |          |  |
|-----------|-----------|-----------|----------|--|
| 7. AGE    | YEARS     | MONTHS    | DAYS     | If LESS than 1 day, .....hra. or .....min. |
| <u>04</u> | <u>69</u> | <u>10</u> | <u>1</u> |  |

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

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) Leake Co Ind

13. NAME Clark B Booth

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

15. MAIDEN NAME Elizabeth Deaith

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

17. INFORMANT Mrs Elsie Booth (ADDRESS) Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE 6/16 37

19. UNDERTAKER Consensus Recy (ADDRESS) Clinton Mo

20. FILED June 22 1937 J. R. Hamilton Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 15 1937

22. I HEREBY CERTIFY, That I attended deceased from July 19 36 to June 15 1937  
 I last saw him alive on June 15 1937. Death is said to have occurred on the date stated above, at 4:30 AM.  
 The principal cause of death and related causes of importance were as follows:  
74 adglin. Duca  
myocardial weakness  
7 Hypostatic pneumonia

Other contributory causes of importance:  
1938

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 13  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? 2  
 If so, specify \_\_\_\_\_  
 (Signed) E. J. Neal M.D.  
 (Address) Clinton Mo.

