JAN 24 1929

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

Do not use this space.

41470

1. PLACE OF DEATH
County LACLEDE — Registration District No. 449 — File No.
Township — Primary Registration District No. 4267 — Registered No. 1508
City LEBANON (No. ..... St. ..... Ward)

2. FULL NAME MARY ELLEN BOOTH

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb 1st 1854

7. AGE: 74 YEARS — MONTHS: 10 — DAYS: 11 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Soldiers Widow
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY): Mo.

PARENTS
10. NAME OF FATHER: MORN
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY): IRELAND
12. MAIDEN NAME OF MOTHER: NOT Known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY): " "

14. INFORMANT: SETH BOOTH
(Address): LEBANON Mo.

15. FILED 12/13, 1928 — J. M. Billings, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): DEC. 12 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 12 1928 to Dec 12 1928 that I last saw her alive on Dec 12 1928, and that death occurred, on the date stated above, at 8.30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia from Bronchial
(duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (SECONDARY): Influenza
(duration) ..... yrs. ..... mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Phys. Exam
(Signed) [illegible], M. D
, 19 (Address) Lebanon Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: NEW HOPE, DALAS, COUNTY — DATE OF BURIAL: DEC 14, 1928

20. UNDERTAKER: Palmer — ADDRESS: Lebanon

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.