

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

Do not use this space.

**1. PLACE OF DEATH**

41 County Harrison  
Township Madison  
City (No. ....) St. .... Ward)

Registration District No. 336  
Primary Registration District No. 5471

File No. 4422  
Registered No. 6

**2. FULL NAME** George 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 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 Ella Booth

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5 17 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
65 8 23

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer  
10. Date deceased last worked at this occupation (month and year) 1932 11. Total time (years) spent in this occupation life

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

FATHER 13. NAME Evermont Booth

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W Virginia

MOTHER 15. MAIDEN NAME Susan Reeves

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

17. INFORMANT (ADDRESS) Ora Booth Cainsville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Dahlawn DATE 2-12-32

19. UNDERTAKER (ADDRESS) G. W. Estep Cainsville Mo

20. FILED 2/15 19 32 G. C. Adams Registrar.

**MEDICAL CERTIFICATE OF DEATH**

2 21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 21, 1932 to FEB 10, 1932  
I last saw him alive on FEB 10, 1932. Death is said to have occurred on the date stated above, at 7:30 P. M.  
The principal cause of death and related causes of importance were as follows:

Arteriosclerosis  
with hypertensive Right JFT  
1932  
1932  
Other contributory causes of importance:  
1

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... 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) A. S. Duff, M. D.  
(Address) C. C. Cainsville Mo.

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.

MAR 22 1932

