

REC'D JUN 17 1938

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

18022
Do not use this space.

1. PLACE OF DEATH

(a) County Clay Registration District No. 148
(b) Township Excelsior Springs Primary Registration District No. 30.11
(c) City Excelsior Springs (d) Street No. _____ St.
(e) Length of residence in city or town where death occurred 19 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 672. PRINT FULL NAME Joe Booth

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Divorced</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lilly May King</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 4 - 1865</u>		
7. AGE YEARS <u>72</u>	MONTHS <u>8</u>	DAYS <u>1</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		If LESS than 1 day, _____ hrs. or _____ min.
9. Industry or business in which work was done, as 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) <u>mo</u>		
13. NAME <u>Don't know</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>		
15. MAIDEN NAME <u>Don't know</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>		
17. INFORMANT (ADDRESS) <u>Ben Booth Excelsior Springs, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Union Cemetery</u> DATE <u>May 7, 1938</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>Claude Priebe Excelsior Springs, Mo.</u>		
20. FILED <u>May 1, 1938</u> <u>Home M^e Baker</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5 - 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1937 to May 5, 1938
I last saw him alive on May 5, 1938 Death is said to have occurred on the date stated above, at 3:30 m.
The principal cause of death and related causes of importance were as follows:
General arteriosclerosis Date of onset years
coronary
occlusion
slip suddenly sitting in chair
Other contributory causes of importance: coronary occlusion
Name of operation none Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury _____
Where did injury occur? at his home at 874 7th Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
no injury
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) G. D. Craven, M. D.
(Address) Excelsior Springs, Mo

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)