

SEP 1 1939

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

Do not use this space.

29832

1. PLACE OF DEATH

County Madaway  
Township Atchison  
City 20 America Booge (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 619  
Primary Registration District No. 5821

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

2. FULL NAME

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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 <u>Male</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Norma L. Booge</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 24-1857</u>		
7. AGE	YEARS	MONTHS
<u>81</u>	<u>11</u>	<u>17</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Taylor Co Ia</u>		
13. NAME <u>Peter Booge</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ia</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT (ADDRESS) <u>Harvey Booge Crawleyville Ia</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Shaver-Cum Page Co</u> DATE <u>July 13 1939</u>		
19. UNDERTAKER (ADDRESS) <u>R. B. Harshbarger, Mc Ki 1067, Garuda Ia</u>		
20. FILED <u>Aug 25 1939</u> <u>J. B. Humphrey</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11 1939

22. I HEREBY CERTIFY that I attended deceased from July 1st 1939 to July 11 1939  
I last saw him alive on 7/11/39 1939. Death is said to have occurred on the date stated above, at 10:30 P.M.  
The principal cause of death and related causes of importance were as follows:  
Cerebral Hemorrhage Date of onset 7/11/39  
Arterio Sclerosis  
Other contributory causes of importance:  
None

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Plumra 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) J. B. Humphrey, M. D.  
(Address) Atchison

RECEIVED

District Health Officer No. 11;

District File Number

939-1084

Date Filed

AUG 28 1939

MAY 10 1948