

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

Do not use this space.

82^B

1. PLACE OF DEATH Berry
 County Flat Rock Registration District No. 29
 Township Leasville No Primary Registration District No. 5038
 City Leasville Mo (No. _____) St. _____ Ward _____
 2. FULL NAME Wm A. Booth
 (a) Residence, No. Leasville, Mo 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. _____

File No. _____
 Registered No. 5
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1. 19. 1928

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Addie Sills Ray

I HEREBY CERTIFY, That I attended deceased from 1-10, 1928, to 1-19, 1928 that I last saw him alive on 1-17, 1928, and that death occurred, on the date stated above, at 10. A. M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1. 19. 1849

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 _____ _____ _____
 _____ _____ _____

Uremia 17M
132B
162 (duration) yrs. _____ mos. _____ ds. _____

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

CONTRIBUTORY (SECONDARY) Senility
 (duration) yrs. _____ mos. _____ ds. _____

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) TENN

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: _____

10. NAME OF FATHER H. H. H. H.

19. DID AN OPERATION PRECEDE DEATH? NO DATE OF _____

11. BIRTHPLACE OF FATHER (CITY OR TOWN) U. K. (STATE OR COUNTRY) _____

20. WAS THERE AN AUTOPSY? NO

12. MAIDEN NAME OF MOTHER H. H.

WHAT TEST CONFIRMED DIAGNOSIS Clinical

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) U. K. (STATE OR COUNTRY) _____

(Signed) J. H. Thompson, M. D.

, 19 _____ (Address) Leasville, Mo.

14. INFORMANT J. T. Brantner (Address) grove order

*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.

15. FILED May 1 1928 Mrs. H. R. Williams REGISTRAR Drt.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Home DATE OF BURIAL _____

20. UNDERTAKER L. N. Blankenship ADDRESS Roughly Mo

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.

