

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

Do not use this space.

2294

**PLACE OF DEATH**

County St. Louis  
Township Central  
City St. John station

Registration District No. 189  
Primary Registration District No. 40333  
No. 2832 Walton Rd.

File No. \_\_\_\_\_  
Registered No. 1  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 2832 Walton Rd. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Mrs. Elizabeth Booth  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10 - 1877  
7. AGE YEARS 54 MONTHS 7 DAYS 22 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inspector 37  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Plum Tool Co.  
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) Illinois

13. NAME John D. Booth Sr.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

15. MAIDEN NAME Rose Reynolds

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

17. INFORMANT (ADDRESS) Mary Elizabeth Booth  
2832 Walton Rd.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cemetery DATE Jan. 5, 1932

19. UNDERTAKER (ADDRESS) Dr. Clark  
125 N. Diamond Ave.

20. FILED Jan - 2 - 1932 Galla Gray, H. D. Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 1 - 1932

22. I HEREBY CERTIFY, That I attended deceased from 9 p.m. 1/1, 1932, to Jan. 1st, 1932.  
I last saw him alive on Jan. 1st, 1932. Death is said to have occurred on the date stated above, at 5:00 a.m.  
The principal cause of death and related causes of importance were as follows:

Mitral Regurgitation & Asthma Date of onset Oct. 1930  
Acute Indigestion Date Dec. 1931

Other contributory causes of importance: ①

Name of operation \_\_\_\_\_ 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? \_\_\_\_\_ 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. T. Coleman, M. D.  
(Address) Pattonville 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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

7. The white line