

Registration District No. **50** Primary Registration District No. **2027**

1. PLACE OF DEATH:
(a) County **Bath**
(b) City or town **Salt Lick Star R.**
(c) Name of hospital or institution:
(d) Length of stay: In hospital or community (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write RURAL)
(d) Street No. _____ (If rural give precinct)
(e) If foreign born, how long in U. S. A. _____ years

3(a) FULL NAME **Willard Booth**

3(b) If veteran, Name war _____ 3(c) Social Security No. _____

4. Sex **Male** 5. Color or race **White** 6(a) Single, widowed, married, divorced
4(b) Name of husband or wife _____
4(c) Age of husband or wife if alive _____ Years
7. Birth date of deceased **3 14 1940**
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hr. _____ min.
9. Birthplace **Ky**
10. Usual occupation
11. Industry or business _____

FATHER { 12. Name **James Booth**
12. Birthplace **Lee County, Ky.**
MOTHER { 14. Maiden name **Gladys Mcarty**
15. Birthplace **Salt Lick, Ky.**

14(a) Informant's own signature _____
(b) Address _____

17. BURIAL, CREMATION, OR REMOVAL
Place **Funeral Home** Date **March 14, 1940**

18(a) Signature of funeral director **Frieda**
(b) Address _____

19(a) **March 17, 1940** (Date received by local registrar) (b) **Mrs. Rose Bradley** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH **March 14 1940**
21. I hereby certify that I attended the deceased from **March 14 1940** to **March 14 1940** and that I last saw him alive on **Mar. 14 1940** and that death occurred on the date stated above at **S. H. R. V.**

Immediate cause of death _____ DURATION _____

Cause of death unknown
Unable to fully describe - malformed head and features protruding eyes & misplaced ears. Mouth also malformed.

Other conditions (include pregnancy within 3 months of death) _____

Major findings:
Of operations **157 M**
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? In or about home, on farm, in industrial place in public place? _____ (Specify type of place)

While at work? _____ (e) Means of injury **N 674**

23. Signature **Wilda Kuehlinger** (M. D. or other)
Address **Salt Lick** Date signed **3/14/40**

N. B.—WRITE PLAINLY WITH LEADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REMARKS RESERVED FOR BINDING