Form V. S. 12

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item information should be carefully supplied. AGE ul stated EXACTLY. PHYSICIANS should state CAUSE OF DEAT plain terms, so that it may be properly classified. act atement of OCCUPATION is very important.

Do Not Write in This Space
File No. **1934**
Registered No. **401**

1 PLACE OF DEATH

County Laramie

Township

City Cheyenne

2 FULL NAME Florence Pearl Booth

Registration Dist. No. 2-5-C-12

No. 315 E. 17 St.

If death occurred in hospital or institution give name of same.

(a) Residence. No. ..... St. Ward

(Usual place of above).

Length of residence in city or town where death occurred yrs. mos.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced (write the word)
Fm	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fred Booth

6 DATE OF BIRTH (month, day and year) July 27, 1859

7 AGE years 46 Months 8 Days 3 If less than 1 day, ... hrs. ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home

(b) General nature of industry, business or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or Country) Wisconsin

PARENTS

10 NAME OF FATHER John B. Frey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ohio

12 MAIDEN NAME OF MOTHER R.

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Fred Booth

(Address) Cheyenne, Wyo.

15 Filed 4/3/1909 [signature] Registrar.

16 DATE OF DEATH (month, day, and year) Mar 1934

17 I HEREBY CERTIFY, That I attended deceased from 3-22, 1934, to 3-30, 1934, that I last saw h.. alive on 3-29, 1934, and that death occurred, on the date stated above at 3:30 a. m. The CAUSE OF DEATH* was as follows:

Carcinoma of liver

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [signature] M. D.

(Address) Cheyenne, Wyo.

* 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. (See reverse side for additional space.)

19 Place of Burial, Cremation, or Removal Lagrange, Wyo.

Date of Burial 4/1 1934

20 UNDERTAKER [signature]

ADDRESS Cheyenne, Wyo.