

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.

MAR 19 1928

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

Do not use this space.

1696

1. PLACE OF DEATH

County *St. Louis* Registration District No. *464*
 Township *Washington* Primary Registration District No. *2626*
 City *St. Louis* (No.) St. Ward)

File No. *129*
 Registered No.

2. FULL NAME

Sam T. Boorn
 (a) Residence. No. 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *April 24-1871*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
56 9 7

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *retired farmer*
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN); *Warren Co.*
 (STATE OR COUNTRY)

10. NAME OF FATHER *Wm Boorn*

11. BIRTHPLACE OF FATHER (CITY OR TOWN); *Kear*
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER *Lucy Moonhead*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN); *don't know*
 (STATE OR COUNTRY)

14. INFORMANT *Charles Tracy*
 (Address) *Mayview Ave*

15. FILED *Mar 16-28* REGISTRAR *R. B. Scholer*

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Jan 31 1928*

17. I HEREBY CERTIFY That I attended deceased from *Jan 24*, 1928, to *Jan 31*, 1928, that I last saw him alive on *Jan 30*, 1928, and that death occurred, on the date stated above, at *1230 a* m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Lobar Pneumonia

CONTRIBUTORY (SECONDARY) *10/10* (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) *G. D. Ope*, M. D. *Feb 1, 1928* (Address) *Lexington Mo.*

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Int. Bur* DATE OF BURIAL *2/1 1928*

20. UNDERTAKER *askader Heygwood Mo* ADDRESS

