

FEB 23 1928

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

Do not use this space.

2102

1. PLACE OF DEATH

County Phelps Registration District No. 676
Township Arleydon Primary Registration District No. 5779
City (No. _____) St. _____ Ward _____

File No. _____
Registered No. 1

2. FULL NAME

Eli Marshall Borman

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

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

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

Grace Borman

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

Nov. 28 1863

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

64

1

28

8. OCCUPATION OF DECEASED

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

Car Repairer

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Farmington, Mo.

10. NAME OF FATHER

Marshall Borman

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

N York

12. MAIDEN NAME OF MOTHER

Mary Zway

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

N York

PARENTS

14. INFORMANT

Mrs. W. D. East
(Address) Triggswa St.

15. FILED

1/27 1928 B.T. Smith
REGISTRAR

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

Jan 26 1928

17.

I HEREBY CERTIFY that I attended deceased from Jan 22 1928 to Jan 26 1928 that I last saw him alive on Jan 26 1928 and that death occurred on the date stated above, at 9:34 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Lobar Pneumonia

CONTRIBUTORY

(SECONDARY)

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) B.T. Smith M. D.

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Hennesse, Ok 1/29 1928

20. UNDERTAKER

ADDRESS

Lee Johnson Newburg

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.

