JUL 25 1928

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

Do not use this space.

21159

1. PLACE OF DEATH,
County Lincoln
Township Waverly
City ..... (No. ..... St. ..... Ward)

Registration District No. 495
Primary Registration District No. 5659

File No. .....
Registered No. 7

2. FULL NAME Fitzhugh Lee Boren
(a) Residence. No. ..... St., ... Ward. Robertsville, Mo.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. 2 mos. 13 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: Laura E. Boren

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 22, 1862

7. AGE: 66 YEARS | MONTHS: 5 | DAYS: 3 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Fenton
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER William Boren
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Jefferson, Co.
12. MAIDEN NAME OF MOTHER Elizabeth Boren
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Jefferson, Co.

14. INFORMANT Laura E. Boren
(Address)

15. FILED 6-27, 1928 J. D. Motley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 25 1928

17. I HEREBY CERTIFY, That I attended deceased from June 9, 1928, to June 25, 1928, that I last saw him alive on June 13, 1928, and that death occurred, on the date stated above, at 8 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemiplegia

(duration) ..... yrs. ..... mos. 16 ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? At place of death
DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Clinician
(Signed) O. H. Damron, M. D.
6-26, 1928 (Address) Silex Mo.

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Reynolds Cemetery
DATE OF BURIAL: June 27 1928

20. UNDERTAKER: Vonmund & Scheeley
ADDRESS: Silex Mo.

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

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.