OCT 30 1928

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

Do not use this space.

31090

1. PLACE OF DEATH
County Marion — Registration District No. 547 — File No.
Township Mason — Primary Registration District No. 3029 — Registered No. 263
City Oak Hill (No. 36th St. St. 5th Ward)

2. FULL NAME Alexander Boren
(a) Residence. No. 36th St. St., 5th 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.

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.

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~~ Ada May Boren

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 15-1850

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
78	3	13	

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

9. BIRTHPLACE (CITY OR TOWN) Marion Co.
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Henry Boren
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Ann E. Baker
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Md.

14. INFORMANT Mrs. Alex Boren
(Address) Oakwood Mo.

15. FILED 9/29, 1928 C. E. Strode, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9/28 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept. 21, 1928, to Sept 27, 1928 that I last saw him alive on Sept 27, 1928, and that death occurred, on the date stated above, at 4 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Parenchymatous nephritis
131
1228
137 (duration) Not Known yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Prostatitis & Double inguinal Hernia (duration) Not Known ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) P. J. Reichmann, M. D
Sept 28, 1928 (Address) Oakwood 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: Barkley Cem
DATE OF BURIAL: 9/30 1928

20. UNDERTAKER: Wm M. Smith
ADDRESS: Hannibal Mo