

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

Do not use this space.

141

1. PLACE OF DEATH

County Brown

Registration District No. 73

Township Columbia

Primary Registration District No. 3006

City Columbia

File No. _____

Registered No. 9

St. _____ Ward) _____

2. FULL NAME

Levi Borring

(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

3. SEX

M.

4. COLOR OR RACE

W

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) 1-10-30

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, 17 hrs. or 7 min.

8. OCCUPATION OF DECEASED

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

Deport.

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Columbia, Mo.

(STATE OR COUNTRY)

10. NAME OF FATHER

Sam Borring

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Mo.

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Ethel Green

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Mo

(STATE OR COUNTRY)

14. INFORMANT

Sam Borring
Columbia Mo

(Address)

15. FILED

1/15 1929 Beatrice Grubb
755 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Jan 11 - 1930

17.

I HEREBY CERTIFY, That I attended deceased from Jan 10

1930, to Jan 11, 1930

that I last saw him alive on Jan 11, 1930, and that death occurred, on the date stated above, at 7:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Congenital Atelectasis

11/1/24

(duration) yrs. mos. ds. 17 hrs

CONTRIBUTORY (SECONDARY)

1/6

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH 2

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

Symptomatic

(Signed) W. G. Roberts M. D.

13, 1930 (Address) Columbia 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

Reeth Cemetery Brown Co Mo

DATE OF BURIAL

1/2 1930

20. UNDERTAKER

W. H. Waudenreiter

ADDRESS

Columbia Mo

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.

FEB 15 1930

