

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

Do not use this space.

15804

File No. _____
Registered No. **4254** St. _____ Ward)

1. PLACE OF DEATH

County _____ Registration District No. **791**
Township _____ Primary Registration District No. **1003**
City **St. Louis Mo** (No. **3216**, **Montgomery**)

2. FULL NAME

Ruby Borah
(a) Residence, No. **3216 Montgomery** St., **11** Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. **7** mos. **17** ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 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) **8-19-30**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
0 7 17

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) **St. Louis Mo**
(STATE OR COUNTRY)

10. NAME OF FATHER **John Borah**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Fairfield Ill**
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Mrs. Jackson**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Millshoals Ill**
(STATE OR COUNTRY)

14. INFORMANT **John Borah**
(Address) **3216 Montgomery**

15. FILED **1931 May 20** REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **4-6-1931**

17. I HEREBY CERTIFY, That I attended deceased from **Mar 22**, 19**31**, to **Apr 6**, 19**31**, that I last saw her alive on **Apr 6, 1931**, and that death occurred, on the date stated above, at **4 P** m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho-pneumonia (bilateral) Primary
11A 107A (duration) yrs. mos. **18** ds.

CONTRIBUTORY (SECONDARY) **La Grippe** (duration) yrs. **1** mos. **15** ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH **No**

DID AN OPERATION PRECEDE DEATH? **No** DATE OF _____

WAS THERE AN AUTOPSY? **No**

WHAT TEST CONFIRMED DIAGNOSIS? **Clinical Signs**

(Signed) **J. S. Newman** M. D.

. 19 (Address) **4448 Shaw Blvd.**

*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 **St Johns North** DATE OF BURIAL **Apr 8 1931**

20. UNDERTAKER **John R. Co** ADDRESS **2707 N. Grand**

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.

MARGIN RESERVED FOR BINDING

V. NO. 2.

