

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.

36
6

1933

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

Do not use this space.

42977

1. PLACE OF DEATH

County Tenn Registration District No. 875
 Township Washington Primary Registration District No. 6162
 City Hamlet (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 46

2. FULL NAME

Lila May Borah
 (a) Residence, No. _____, Springfield Mo. 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. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Woods Borah</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 23 - 1871</u>				
7. AGE	YEARS <u>61</u>	MONTHS <u>10</u>	DAYS <u>5</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Johnsonville Tenn.</u>				
FATHER	13. NAME <u>Arkalon Tenney</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>			
MOTHER	15. MAIDEN NAME <u>Margaret Shields</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>			
17. INFORMANT (ADDRESS) <u>Neep record</u>				
18. BURIAL, CREMATION OR REMOVAL <u>Centralia, Ill</u> DATE <u>Dec 28</u> 19 <u>32</u>				
19. UNDERTAKER (ADDRESS) <u>Elinguer Funeral Home Springfield, Ill</u>				
20. FILED <u>2-10-1933</u> <u>E. R. King</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 28 1932
 22. I HEREBY CERTIFY, That I attended deceased from Dec 14 1932, to Dec 28 1932
 I last saw her alive on Dec 28 1932. Death is said to have occurred on the date stated above, at 5:10 P. m.
 The principal cause of death and related causes of importance were as follows:
Acute Pharyngitis and cervical Cellulitis
92°
152°
152°
 Other contributory causes of importance:
Chronic myocarditis
Essential diabetes - confirmed
and agitated type
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Chemical Was there an autopsy? No
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) A. L. Martin M. D.
 (Address) St. Hospital 3 Nevada Mo

Date of onset
Dec 24
1932

