

WHITE PLAINLY, WITH UNFAIDING 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.

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

Do not use this space

MAY 25 1934

12786

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Kawa Primary Registration District No. 1003
 City Kansas City (No. 1220 Winchester) St. _____ Ward _____

2. FULL NAME Morgan A. Boren
 (a) Residence, No. 1220 Winchester 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 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 Eliza Boren

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 5, 1854

7. AGE YEARS 79 MONTHS 5 DAYS 28 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. Grocer

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) Iowa

FATHER 13. NAME Alley Boren 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME Myenia White 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs. Eliza Boren 1220 Winchester

18. BURIAL, CREMATION, OR REMOVAL PLACE Lowland, Iowa DATE April 4, 1934

19. UNDERTAKER (ADDRESS) Rose & Henderson 15 & Jackson

20. FILED Apr. 4, 1934 M. M. Groves Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 4, 1933, to Apr. 3, 1934. I last saw him alive on March 26, 1934. Death is said to have occurred on the date stated above, at 9:50 a.m.

The principal cause of death and related causes of importance were as follows:
Cancer of the Prostate Gland
arteriosclerosis

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? chemical. Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? T 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?
 If so, specify _____ (Signed) W. L. Ray, M. D.
 (Address) 327 Allinwood Bldg.

Dr. Rey
11 & Walnut
Ha 1488

Altman Bldg.