

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

Do not use this space.

31217-3

1. PLACE OF DEATH

SEP 13 1934

County..... Registration District No. **791** ✓
 Township..... Primary Registration District No. **1003**
 City **St. Louis** (No. **St. Mary Infirmary**) St. _____ Ward _____

File No. _____
 Registered No. **8517**
 St. _____ Ward _____

2. FULL NAME

Vista Borum

(a) Residence, No. **3703 Hickory** St., **18** Ward.

(Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred **22** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

4 MEDICAL CERTIFICATE OF DEATH

3. SEX **Female**
 4. COLOR OR RACE **Colored**
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Harrison Borum**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 28, 1892**
 7. AGE YEARS **42** MONTHS **6** DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Housewife**
 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 _____

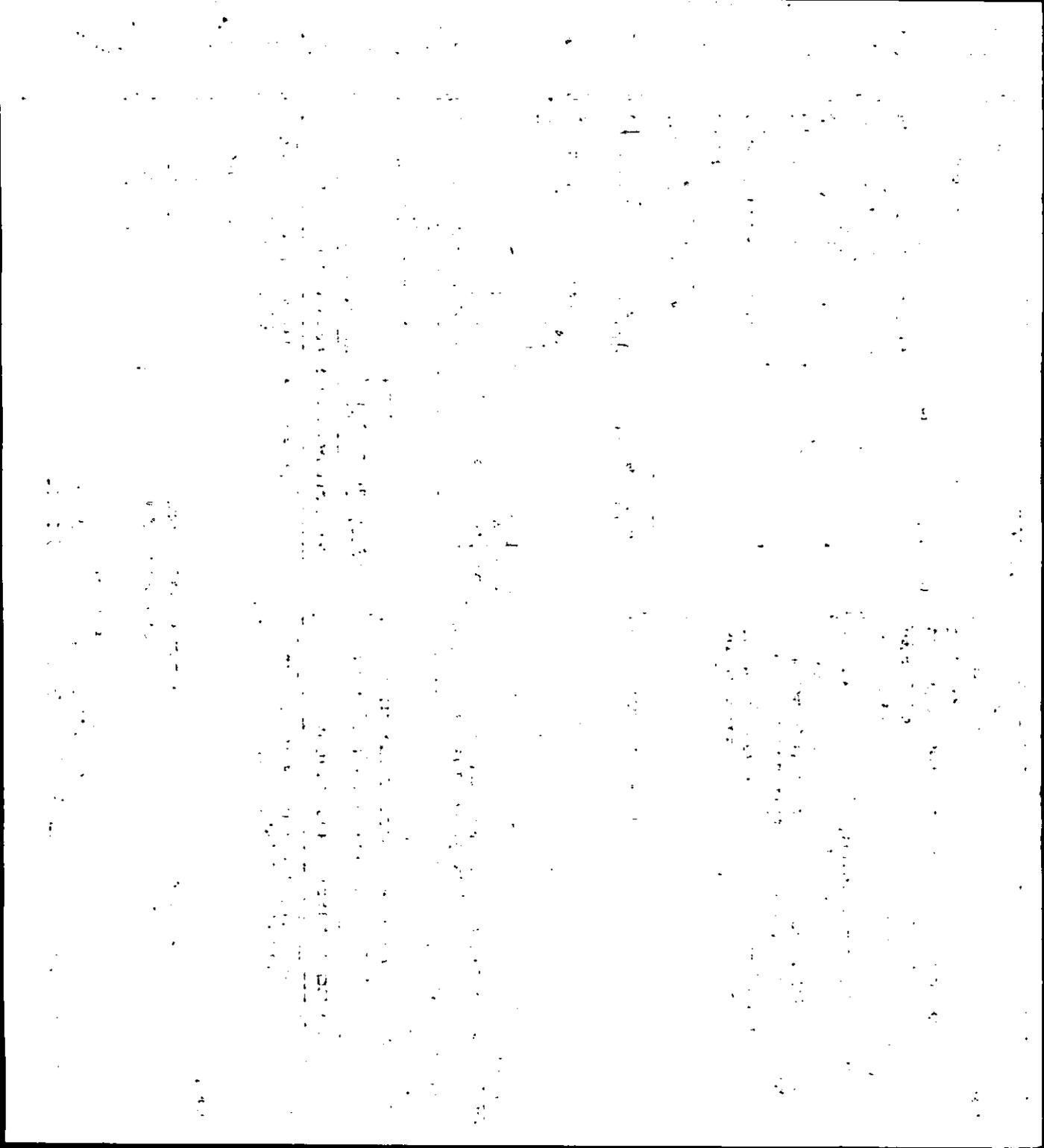
21. DATE OF DEATH (MONTH, DAY, AND YEAR) **August 20, 1934**
 22. I HEREBY CERTIFY That I attended deceased from **July 21, 1934** to **August 20, 1934**
 I last saw **her** alive on **August 20, 1934**. Death is said to have occurred on the date stated above, at **4:40 a.m.**
 The principal cause of death and related causes of importance were as follows:
Myocardial failure
Cellulitis of jaw, following extraction of teeth
and operation appendectomy
 Other contributory causes of importance:
1918
1927
1930

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Kentucky**
 13. NAME **Elliot Taylor**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**
 15. MAIDEN NAME **Mary Taylor**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**
 17. INFORMANT (ADDRESS) **Harrison Borum 3703 Hickory St. 7**
 18. BURIAL, CREMATION, OR REMOVAL PLACE **Washington, D.C.** DATE **8/23/1934**
 19. UNDERTAKER (ADDRESS) **J.C. Gordon & Sons 2649 Delmar Ave**
 20. FILED **HUG 23 1934** **J. Bredeck** Registrar.

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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? _____
 If so, specify _____
 (Signed) **E. M. Kelly Jr.** M. D.
 (Address) **1536 Ogden St.**

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.

WRITE PRINTLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1008**

City.....

(No. *St. Mary Inf*)

File No.

Registered No. *8517*

St.

Ward)

2. FULL NAME

Viola Borum

(a) Residence, No.

3703 Hickory

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yr.

mos.

ds.

How long in U. S., if of foreign birth?

yr.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

2

4. COLOR OR RACE

B

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

177

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

7. AGE

YEARS *42*

MONTHS

DAYS

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)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19

19. UNDERTAKER (ADDRESS)

20. FILED

3-21-35

J. A. Bredich

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *8-20-1934*

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at.....m.

The principal cause of death and related causes of importance were as follows:

*myocardial failure
cellulitis of jaw following
extraction of teeth
post-operative appendectomy*

Date of onset

Other contributory causes of importance

no definite disease heart

Name of operation

121

Date of

What test confirmed diagnosis?

Was there an autopsy?

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?

If so, specify

(Signed)

C. W. Kelly Jr

, M. D.

(Address)

1536 Poplar

SUPPLEMENTARY

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

5-3/219