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.

7

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

Do not use this space.

File No. 35185

Registered No. 14

1. PLACE OF DEATH
County: Bates
Township: Grace
City: ..... (No. ....., ... St. ..... Ward)
Registration District No. 366
Primary Registration District No. 3091

2. FULL NAME: Ann Madison Borum

(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: 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: Hattie Borum

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 1866 - Aug 23

7. AGE: Years 68, Months 2, 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. Farmer
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): Bradsby Ky.

FATHER
13. NAME: Tom Borum
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ind

MOTHER
15. MAIDEN NAME: Eliza
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ind

17. INFORMANT (ADDRESS): Mrs Jamerson Butler, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Johnstown DATE: 10-25-1924

19. UNDERTAKER (ADDRESS): F. Remmert Warrensburg Mo

20. FILED: Oct 25, 1924 Grace V. Odneal Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 23, 1924

22. I HEREBY CERTIFY, That I attended deceased from March 11, 1924, to Oct 23, 1924
I last saw him alive on Oct 22, 1924. Death is said to have occurred on the date stated above, at 3 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Decompensation	

Other contributory causes of importance:

Name of operation: None Date of: —
What test confirmed diagnosis? Autopsy 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) L. L. Smith, M. D.
(Address) Urich Mo