

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

Do not use this space.

MAY 31 1937

1. PLACE OF DEATH
 112 County Webster Registration District No. 897
 Township Jenley Primary Registration District No. 6201
 City _____ (No. _____) St. _____ Ward _____
 Registered No. 12

2. FULL NAME Nancy Ellen Boring
 (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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 8, 1861
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 75 10 12
 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 _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Co. Missouri
 13. NAME Samuel Philpott
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee
 15. MAIDEN NAME Rebecca Garrett
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
 17. INFORMANT H. C. Boring
 (ADDRESS) Seymour Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Masonic Cem. Seymour Mo. Mar. 20 1937
 19. UNDERTAKER Killey and Ferrell
 (ADDRESS) Seymour Mo
 20. FILED 5-5 37 Registrar R. E. Mahan

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar - 18 1937
 22. I HEREBY CERTIFY, That I attended deceased from 3-17, 1937, to 3-18, 1937
 I last saw h.b.a. alive on 3-18, 1937. Death is said to have occurred on the date stated above, at 9 A.M.
 The principal cause of death and related causes of importance were as follows:
Cerebral apoplexy
 Date of onset: _____
 Other contributory causes of importance: Hypertension
Arteriosclerosis
 Name of operation _____ 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? No
 If so, specify _____
 (Signed) M. C. Gurling, M. D.
 (Address) awa. Mo.

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.

