

OCT 21 1937

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

34709

Do not use this space.

1. PLACE OF DEATH *Macou*
- (a) County..... *Macou* Registration District No. *5-31*
- (b) Township..... *Ethel* Primary Registration District No. *4-317* Registered No. ....
- (c) City..... *Ethel* (d) Street No. .... (If death occurred in Hospital or Institution, write its name instead of street and number) St. ....
- (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME *William H. Borron*
- (a) Residence, No. .... St.  (If nonresident, give city or town and State)
- (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>M.</i>	4. COLOR OR RACE <i>N.</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (write the word) <i>widowed</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Sena Borron</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Oct. - 7 - 1863.</i>				
7. AGE	YEARS <i>73</i>	MONTHS <i>11</i>	DAYS <i>16</i>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.			
	9. Industry or business in which work was done, as 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) <i>Ethel Macou Co.</i> (STATE OR COUNTRY) <i>Missouri</i>				
FATHER	13. NAME <i>Arthur Borron</i>			
	14. BIRTHPLACE (CITY OR TOWN) <i>Mo.</i> (STATE OR COUNTRY)			
MOTHER	15. MAIDEN NAME <i>Cathyrne Silvers</i>			
	16. BIRTHPLACE (CITY OR TOWN) <i>Mo.</i> (STATE OR COUNTRY)			
17. INFORMANT (ADDRESS) <i>Raymond Borron</i> <i>Ethel Mo.</i>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Ethel Mo.</i> DATE <i>Sept 25 - 1937</i>				
19. FUNERAL DIRECTOR (ADDRESS) <i>W. C. Young</i> <i>Ethel Mo.</i>				
20. FILED <i>9-25</i> 1937 <i>J. G. Shacklett</i> Local Registrar				

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *9 - 23 1937*

22. I HEREBY CERTIFY, That I attended deceased from *June - 6 1937* to *Sept 23 - 1937*.  
I last saw him alive on *Sept 23 1937*. Death is said to have occurred on the date stated above, at *1 P.* m.  
The principal cause of death and related causes of importance were as follows:  
*Secondary anemia*  
*120 108*  
Other contributory causes of importance:  
*Destructive bowels from adhesions*

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?.....  
If so, specify.....  
(Signed) *J. G. Shacklett*, M. D.  
(Address) *Ethel Mo.*

(Licensed Embalmer's Statement on Reverse Side)

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.

---

---

**STATEMENT BY LICENSED EMBALMER**

I, ..... Licensed Embalmer No.....  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....  
..... L. E. ....  
No..... or by....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**