

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

Do not use this space.

16240

N. E.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. Be still. EXACTLY. Exact statement of OCCUPATION is very important.

APR 29 1927

1. PLACE OF DEATH
 County St. Louis Registration District No. 790
 Township Central Primary Registration District No. 6033
 City Central (No. St. Marys Hospital) St. _____ Ward _____
 File No. _____
 Registered No. 147
 2. FULL NAME James H. Borden
 (a) Residence No. 5211 1/2 Spalding 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 30 1862
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 3 28 _____
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Night Watchman
 (b) General nature of industry, business, or establishment in which employed (or employer) burial cemetery
 (c) Name of employer _____
 9. BIRTHPLACE (CITY OR TOWN) Mo
 (STATE OR COUNTRY)
 10. NAME OF FATHER Patrick Borden
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ireland
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Mannah Murphy
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ireland
 (STATE OR COUNTRY)
 14. INFORMANT Miss Lillie Borden
 (Address) 5211 1/2 Spalding
 15. FILED 5/31/27 J. B. Sudduth REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-28 1927
 17. I HEREBY CERTIFY, That I attended deceased from May 27, 1927, to May 28, 1927 (that I last saw him alive on May 28, 1927, and that death occurred, on the date stated above, at _____ m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
uremia acute
Urinary Tract Infection
133B
136B
1370 (duration) yrs. mos. da.
 CONTRIBUTORY Pyelitis of Pyonephrosis
 (SECONDARY) (duration) yrs. mos. da.
 18. WHERE WAS DISEASE CONTRACTED 1310
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____
 WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) K. Kinsella, M. D.
530, 1927 (Address) 4376 Westminster
 *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
 19. PLACE OF BURIAL, CREMATION, OR REMOVAL burial DATE OF BURIAL 5-28 1927
 ADDRESS 2039 Wash St
 20. UNDERTAKER Arthur J. Donnelly

Mr. [unclear]

At Camp Hospital

10th

Hy 2652

Jeff 7686