Dr. Perry

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

Do not use this space.

40975

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 7934
Township Kaw — Primary Registration District No. 1002 — Registered No. 5004
City Kansas City (No. Wheatley-Provident Hospital Ward)

2. FULL NAME Carl T Borders Jr
(a) Residence. No. 843 Freeman 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: Colored
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ Mrs Fannie May Borders

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 4th 1907

7. AGE: Years 22 — Months 2 — Days 22 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Porter
(b) General nature of industry, business, or establishment in which employed (or employer) Clothing Store
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Weir
(STATE OR COUNTRY) Ks.

PARENTS
10. NAME OF FATHER Daniel L Borders
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Ala.
12. MAIDEN NAME OF MOTHER Hattie Taylor
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Ala.

14. INFORMANT Hattie Borders
(Address) 1520 N. 8th.

15. FILED 12/30 1929 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 26 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov. 24, 1929, to Dec 26, 1929, that I last saw him alive on Dec 26, 1929, and that death occurred, on the date stated above, at 4 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Tuberculosis Peritonitis

2.5 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Dont Know
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Dec 3/29
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) J E Perry M.D
12/30, 1929 (Address) 1716 E. 12 St

*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: Weir Kans — DATE OF BURIAL 1929

20. UNDERTAKER: Nathan Whatcher — ADDRESS 1520 5th

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.