

OCT 30 1930

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

Do not use this space.

30453

1. PLACE OF DEATH

County Livingston
Township Monroe
City Sudlow

Registration District No. 1574
Primary Registration District No. Monroe 17
(No. 26813)

File No. 130
Registered No. 8
St. _____ Ward _____

2. FULL NAME

Eliza Jane Borders

(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 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George L. Borders

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 18, 1839

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
91 X 21 28

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

9. BIRTHPLACE (CITY OR TOWN) Indiana
(STATE OR COUNTRY)

10. NAME OF FATHER Joseph Snyder

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Indiana
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't know
(STATE OR COUNTRY)

14. INFORMANT Jos. Borders
(Address) Sudlow, Mo

15. FILED Sept 16 30 Geo Moore
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 9 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 1 1930 to Sept 18 1930
(that I last saw her alive on Sept 1 1930, and that death occurred, on the date stated above, at 12:45 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Senility

162 164
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) None
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Place of death
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS None
(Signed) Geo Moore M. D.

9/10 1930 (Address) Sudlow Mo

*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 Monroe Center DATE OF BURIAL Sept 10 1930

20. UNDERTAKER B F Mead ADDRESS Mo. Braymer

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.

