APR 20 1931

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

Do not use this space.

File No. 8637

Registered No. 39

1. PLACE OF DEATH

County Adair

Registration District No. 4

Township

Primary Registration District No. 3001

City Kirksville (No. St. Ward)

2. FULL NAME Rebecca Borah

(a) Residence. No. 515 W. Jefferson 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, ~~OR DIVORCED~~ HUSBAND OF (OR) WIFE OF Baily P. Borah

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7-1-1856

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
	74	8	11	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retd Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

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

PARENTS

10. NAME OF FATHER Phillip Knopp

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

12. MAIDEN NAME OF MOTHER Caroline Peck

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio

14. INFORMANT Mrs. W. L. Blake

(Address) 515 W. Jefferson Kirksville

15. FILED 3/23 1931 Mrs C. H Becker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-12-1931

17. I HEREBY CERTIFY, That I attended deceased from Mar 3, 1931, to Mar 10, 1931, that I last saw h... alive on Mar 10, 1931, and that death occurred, on the date stated above, at 1:30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Paralysis

82 A

82 D

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY) Cerebral Hemorrhage

(duration) yrs. mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

82 A ①

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? physical

(Signed) L. J. Calvin, M. D.

, 19 (Address) Kirksville 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	DATE OF BURIAL
Miami Okla.	3-13-1931

20. UNDERTAKER	ADDRESS
DeRiley	Kirksville

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.