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.

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

Do not use this space.

40912

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 4000
Township Kaw — Primary Registration District No. 100B — Registered No. 4000
City Kansas City (No. 1210 West 48th St. Ward)

2. FULL NAME Charles C. Borel
(a) Residence, No. 1210 West 48th St., 7 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? 21 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Jeanne Borel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 25, 1871

7. AGE: YEARS 60 — MONTHS 8 — DAYS 14 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Watchmaker 92B
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 95B
10. Date deceased last worked at this occupation (month and year): Self.
11. Total time (years) spent in this occupation: 130

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Switzerland

FATHER
13. NAME: Eugene Borel
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Switzerland

MOTHER
15. MAIDEN NAME: Adele Pulver
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Switzerland

17. INFORMANT (ADDRESS): Jeanne Borel 1210 W. 48th St

18. BURIAL, CREMATION, OR REMOVAL
PLACE Corranth DATE 12/11/31 19

19. UNDERTAKER (ADDRESS): R.V. LINDSEY & SONS 3811 Broadway

20. FILED 12/9 1931 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 9, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 7, 1931, to Dec 9, 1931
I last saw him alive on 8th Dec., 1931. Death is said to have occurred on the date stated above, at 4:09 A.M.
The principal cause of death and related causes of importance were as follows:

Acute Nephritis & Endocarditis complicated with Asthma (Chronic) and Dropsy.

Date of onset

Other contributory causes of importance:
Arcitrus in Abdomen reached to heart.

Name of operation: No. Date of
What test confirmed diagnosis? Was there an autopsy? No

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? No
If so, specify
(Signed) Walter L. Wilson, M. D.
(Address) 3656 Jefferson