

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

Do not fill in this space. **0033**

1. PLACE OF DEATH  
 54 County Lafayette Registration District No. 461 File No. 22  
 6 Township Washington Primary Registration District No. 3024 Registered No. \_\_\_\_\_  
 4 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Robert A. Border  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

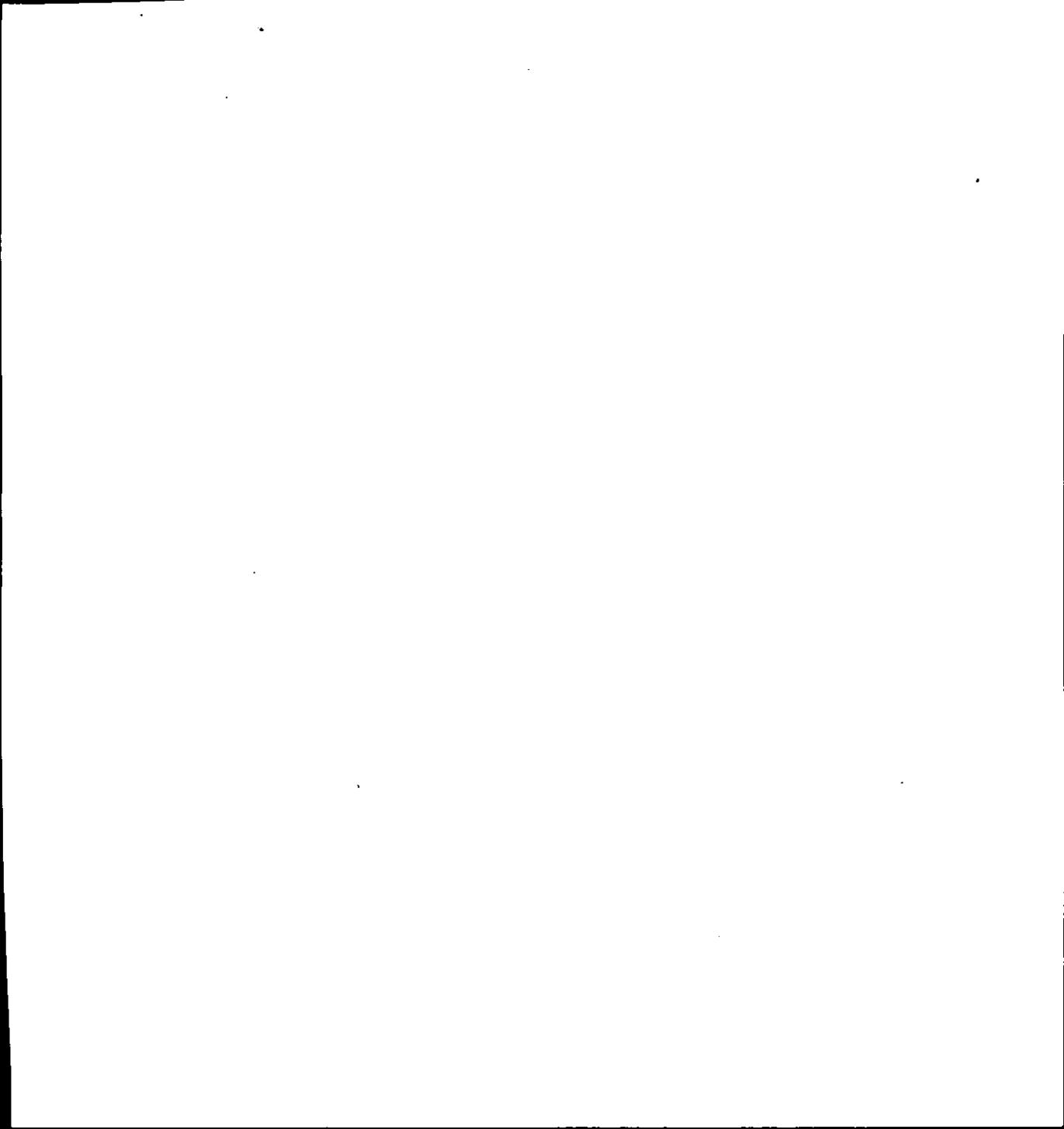
3. SEX Male  
 4. COLOR OR RACE White  
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-10-1885  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
77 03 22  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wanner  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_  
 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri  
 13. NAME Charles Border  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa  
 15. MAIDEN NAME Perlina Thompson  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa  
 17. INFORMANT (ADDRESS) Wm. G. Woodruff  
 18. BURIAL, CREMATION, OR REMOVAL PLACE DATE May 4 1932  
 19. UNDERTAKER (ADDRESS) Wm. F. Ketchum  
 20. FILED Mar 3 1932 Wm. Woodruff Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 2 1932  
 22. I HEREBY CERTIFY, That I attended deceased from Jan 27 1932 to Feb 29 1932  
 I last saw him alive on Feb 29 1932 Death is said to have occurred on the date stated above, at B. M.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral degeneration  
 Date of onset 1931  
 Other contributory causes of importance:  
87B  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_  
 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? yes  
 If so, specify \_\_\_\_\_  
 (Signed) A. J. Chalkley, M. D.  
 (Address) Springfield Mo.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Lafayette  
Township Lafayette  
City Lafayette (No. ....)

Registration District No. 461  
Primary Registration District No. 3024

File No. ....  
Registered No. 22 (St. .... Ward)

**2. FULL NAME**

Robert A. Ordere

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

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 2, 1932

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

22. I HEREBY CERTIFY, That I attended deceased from

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 10 1853

to ....., 19....., to ....., 19....., I last saw him ..... alive on ....., 19..... Death is said

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min. 76 3 22

to have occurred on the date stated above, at ..... m. The principal cause of death and related causes of importance were as follows:

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

Date of onset

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

FATHER 13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19.....

19. UNDERTAKER (ADDRESS)

20. FILED Mar 3, 1932 P.W. Fredericks Registrar

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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? If so, specify .....

(Signed) ....., M. D.

(Address) .....

**SUPPLEMENTARY**

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

S-9033