

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

Do not use this space.

39823

1. PLACE OF DEATH

County Jackson Registration District No. 339 File No. 4830
 Township Kan Primary Registration District No. 300 Registered No. 4830
 City Kansas City (No. 7C General Hosp) Ward

2. FULL NAME

Thomas De Bord
 (a) Residence, No. 2849 Spruce St. 14 Ward. (If nonresident, give city or town and State)
 (Usual place of abode)

Length of residence in city or town where death occurred 19 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 1 - 1849

7. AGE YEARS 83 MONTHS 1 DAYS 16 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Civil Engineer

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

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

13. NAME Steven De Bord

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

15. MAIDEN NAME Delphia Stewart

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

17. INFORMANT (ADDRESS) Rebecca Clark

18. BURIAL, CREMATION, OR REMOVAL PLACE Calnwood DATE Nov 19 1932

19. UNDERTAKER (ADDRESS) Wagner Funeral Home

20. FILED 12/19 32 M. M. Carrow Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-17 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-4, 1932 to 12-17, 1932

I last saw him alive on 12-17, 1932 Death is said

to have occurred on the date stated above, at 12:00 m.

The principal cause of death and related causes of importance were as follows:

Hypostatic Bronch.
Pneumonia
101A / 107A
131 / 107A

Other contributory causes of importance:

Hypertrophy of Prostate

(Name of operation) 1 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) J. H. Jensen M. D.

Address 7C Gen. Hosp. KC

12-19-32 Registrar.

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.

COPY WITH UNFADING INK—THIS IS A PERMANENT RECORD

