

WHITE LABEL, 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.

JUN 20 1933

*101-
Martin*

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

Do not use this space.

15587

1. PLACE OF DEATH

County Adair
Township BENTON
City Kirkville (No.)

Registration District No. 4
Primary Registration District No. 0005

File No.
Registered No. 90
St. Ward

2. FULL NAME Margaret Borden

(a) Residence, No. Highway 63 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. ~~Female~~ **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 Wilson Borden (Deceased)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5, 1850

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

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

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. Life

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

13. NAME Samuel Delaney

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

15. MAIDEN NAME Do not know

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

17. INFORMANT Hora Papham (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland Park DATE 5/15/33 19.

19. UNDERTAKER Davis & Wilson (ADDRESS) Waverly St

20. FILED 5-15-33 19. 33 Mrs. C. A. Becker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12, 1933

22. I HEREBY CERTIFY That I attended deceased from Nov 17, 1932 to May 11, 1933

I last saw her alive on May 11, 1932 Death is said to have occurred on the date stated above, at 9:30 AM

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

Carcinoma of face 52 1932

Other contributory causes of importance: 52

Name of operation Physical Date of
What test confirmed diagnosis Physical Was there an autopsy? N.O.

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? N.O.
If so, specify

(Signed) J. W. Martin M. D.
(Address) Kirkville, Mo.

