

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

Do not use this space.

NOV 13 1934

37709

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis (No. 470 Lake ave)

File No.....
Registered No. 10160
St. Ward)

2. FULL NAME

Abel Pierce Borden
(a) Residence, No. St., 17 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 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 Marie Hough Borden
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 7-1866
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
68 5 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rauchman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 103
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tiverton Rhode Island

MOTHER FATHER 13. NAME Benjamin Borden
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tiverton Rhode Island

15. MAIDEN NAME Mary Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tiverton Rhode Island

17. INFORMANT Marie Hough Borden
(ADDRESS) 470 Lake ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mackay Texas DATE Oct 22nd 1934

19. UNDERTAKER C. R. Lupton & Sons
(ADDRESS) 4449 Olive St

20. FILED Oct 19 1934
Jos F. Bredek
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 18th 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 17, 1934, to Oct 18, 1934.
I last saw him alive on Oct 18, 1934. Death is said to have occurred on the date stated above, at 5 p.m.

The principal cause of death and related causes of importance were as follows:
Embolism of pulmonary artery at acute bronchitis Date of onset Oct 18
chron myocarditis 5 years
chron hypertensive heart disease 5+ years
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? No
If so, specify.....

(Signed) Walter Fisher, M. D.
(Address) 3720 Washington

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.

WHILE EXERCISING WITH CERTAIN INJURY THIS IS A PERMANENT RECORD

3720 Washington
Je 8498
appointment after 2 PM