

APR 15 1936

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

Do not use this space.

32-2

1. PLACE OF DEATH

County AndrewRegistration District No. 9File No. 1Township BentleyPrimary Registration District No. 3012Registered No. 9City Roanoke (No.)St. Ward) 2. FULL NAME Lewis B. Border(a) Residence, No. St., Ward.

(If nonresident, give city or town and State)

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

m

4. COLOR OR RACE

w5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)m

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFElla Border

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

May 27-1849

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1
day,hrs.
ormin.86721

OCCUPATION

8. Trade, profession, or particular
kind of work done, as planner,
sawyer, bookkeeper, etc.Painter9. 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)Marion Ill

FATHER

13. NAME

Phillip Border14. BIRTHPLACE (CITY OR TOWN).
(STATE OR COUNTRY)Kentucky

MOTHER

15. MAIDEN NAME

Julia Ann Head16. BIRTHPLACE (CITY OR TOWN).
(STATE OR COUNTRY)Kentucky17. INFORMANT
(ADDRESS)Ella Border
Roanoke mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mount Zion DATE 1-10 193619. UNDERTAKER
(ADDRESS)E. G. Breit
Savannah mo

20. FILED

Jan 10, 1936 J. W. Carr
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

1-8 1936

22. I HEREBY CERTIFY, That I attended deceased from

1-5, 1935, to 1-8, 1936I last saw him alive on 1-8, 1936 Death is saidto have occurred on the date stated above, at 4:20 p.m.

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

Chronic Nephritis
pre diagnosed enlarged
prostate gland

Date of onset

Other contributory causes of importance:

12!

Name of operation.....

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) W. B. Wilson, M. D.(Address) Roanoke mo

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.

WRITE CAREFULLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Jan 1898