

MAR 23 1937 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

7403

1. PLACE OF DEATH
County New Madrid Registration District No. 605
Township Cross Primary Registration District No. 4559
City (No. _____) St. _____ Ward _____

2. FULL NAME Baby Borders
(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

3. SEX M 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-28-37
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. Still born
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nil
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) Mo
13. NAME Henry Borders
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark
15. MAIDEN NAME Senola Kinard
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark
17. INFORMANT Henry Borders (ADDRESS) Carroll
18. BURIAL, CREMATION, OR REMOVAL PLACE Home yard DATE 2-28, 1937
19. UNDERTAKER none (ADDRESS) _____
20. FILED 2/28 1937 Dr. G. W. Justice Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-28, 1937
22. I HEREBY CERTIFY, That I attended deceased from 2-28, 1937, to 2-28, 1937.
I last saw h. deceased 2-28, 1937. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
Still born
Other contributory causes of importance: _____
Name of operation _____ Date of _____
What test confirmed diagnosis Clinical 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? _____
If so, specify _____ (Signed) G. W. Justice, M. D.
(Address) Carroll, 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.

