

NOV 15 1938

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

25226
Do not use this space.

1. PLACE OF DEATH Butler
 (a) County Butler Registration District No. 89
 (b) Township Poplar Bluff Primary Registration District No. 3007
 (c) City Poplar Bluff, Mo. (d) Street No. _____ St.
 (e) Length of residence in city or town where death occurred _____ yrs. mos. ds. (f) How long in U. S., if of foreign birth? _____ yrs. mos. ds.
 2. PRINT FULL NAME Alexander F. Borawski
 (a) Residence, No. St. Louis St. Missouri
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 11 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

22. I HEREBY CERTIFY, That I attended deceased from Oct. 6 1938 to Oct. 11 1938
 I last saw him alive on Oct. 11 1938. Death is said to have occurred on the date stated above, at 4 P. m.
 The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 19, 1917

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
20 10n 23

Peritonitis, abdominal
General
Obstruction of ileum
from fecal impaction
 Date of onset 10/19/38
10/5/38

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Com. Labor
 9. Industry or business in which work was done, as 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) St. Louis
 (STATE OR COUNTRY) Missouri

Other contributory causes of importance: 12 2 12
 Name of operation Removal of fecal impaction Date of 10/8/38
 What test confirmed diagnosis? operation Was there an autopsy? NO

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. Harry Hussman
 (ADDRESS) Poplar Bluff, Mo.

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 _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Poplar Bluff Mo 10/13/38

19. FUNERAL DIRECTOR Greer-Croy Service
 (ADDRESS) Poplar Bluff, Mo.

24. Was disease or injury in any way related to occupation of deceased? NO
 If so, specify _____
 (Signed) Hester Lawrence M. D.
 (Address) Poplar Bluff, Mo

20. FILED 10/13 1938
Chattanooga
 Local 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.

NOV 3 1964

STATEMENT BY LICENSED EMBALMER

I, Grove W Green, Licensed Embalmer No. 2964
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Grove W Green
L. E.
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Grove W Green
Licensed Embalmer No. 2964

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

