

REC'D JAN 13 1939

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

Do not use this space.

1. PLACE OF DEATH

County Bollinger Registration District No. 69
Township Waynes Primary Registration District No. 5108
City Zalma, Mo. (No. _____, _____ St. _____ Ward)

File No. 42290

Registered No. _____

2. FULL NAME William Anderson Borders
(a) Residence, No. Zalma, Mo. St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 77 yrs. 3 mos. 18 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Hettie Mae Borders</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>August 16, 1861</u>		
7. AGE	YEARS <u>77</u>	MONTHS <u>3</u>
	DAYS <u>18</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farm</u>	
	10. Date deceased last worked at this occupation (month and year) <u>April 1, 1930</u>	
	11. Total time (years) spent in this occupation <u>50 yrs</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Zalma Mo</u>		
MOTHER	13. NAME <u>David G. Borders</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Zalma Mo</u>	
	15. MAIDEN NAME <u>Sophia Ann Virgin</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Zalma Mo</u>	
17. INFORMANT <u>Mrs. Hettie Mae Borders</u> (ADDRESS) <u>Zalma, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Baldy Cemetery</u> DATE <u>Dec. 5, 1938</u>		
19. UNDERTAKER <u>Rev. J. A. Gray</u> (ADDRESS) <u>Zalma, Mo.</u>		
20. FILED <u>Jan 22 1939</u> <u>Mo J. Berry</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 5, 1938, to November 27, 1938
I last saw him alive on November 27, 1938. Death is said to have occurred on the date stated above, at 9:00 a. m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of the Abdomen (R. duod.) Don't ulcer eat thru its outside of back) Intestines part passed thru bowels
Other contributory causes of importance:
Blind & bedfast for several years and old age & lack of exercise

Name of operation _____ Date of _____
What test confirmed diagnosis? Physical. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury _____, 1938
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) Dr. R. A. Smith M. D.
70 (Address) Zalma, Mo.

WRITE PLAINLY, 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.

825

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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CERTIFICATE OF DEATH

42290
Do not use this space.

1. PLACE OF DEATH

(a) County Willing Registration District No. 69
(b) Township Waynes Primary Registration District No. 5108 Registered No.
(c) City (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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 Wm Anderson Borders

(a) Residence, No. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

7. AGE YEARS 77 MONTHS 3 DAYS 18 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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) (STATE OR COUNTRY)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 4 1938

22. I HEREBY CERTIFY, That I attended deceased from 19... to ... 19... Death is said

I last saw h. alive on ... 19... 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:

Carcinoma of the abdomen. Rodent bleed rat through to outside of back. Intestines passed through bowels

Date of onset

Other contributory causes of importance: 53

Blind & bedfast for several years and all age

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?

If so, specify

(Signed) R. A. Smith M. D.

(Address) Zalmon

Local Registrar

D. R. A. Smith D. O.

WRITE PLAINLY, 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.

REGISTRARS SMALL NOT TO CHARGE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

Primary seat of Carcinoma unknown in stomach. No post mortem. The stain is about the size of a right side of spine to outside of back

