

RECEIVED FEB 6 1938

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

3483
Do not use this space.

1. PLACE OF DEATH

(a) County Shelby Registration District No. 674
 (b) Township 1 Primary Registration District No. 4402
 (c) City Newburg (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 Bonnie Iona 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 11 - 1938
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
4 3

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) Newburg (STATE OR COUNTRY) Mo.

13. NAME David A Borders

14. BIRTHPLACE (CITY OR TOWN) Iron Creek (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Mary Peice

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

17. INFORMANT Mary Borders (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Reach DATE Dec 15 1938

19. FUNERAL DIRECTOR (NAME) Ed Johnson (ADDRESS) Newburg Mo.

20. FILED 12/15 1938 B-T Deech Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 14 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 10 1938, to Dec 13 1938
 I last saw him alive on Dec 13 1938. 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:
Acute Broncho. Pneumonia Date of onset

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? _____
 If so, specify _____ (Signed) B-T Deech M. D.
609 (Address) Newburg 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.

81
1
0

1074
#39 Raw

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.