

1939 MAY 12 1939

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

15290  
Do not use this space.

1. PLACE OF DEATH

(a) County LACLEDE Registration District No. 448  
(b) Township Wainwright Primary Registration District No. 5608  
(c) City Conway (d) Street No. Or 4 Conway mo. 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 THOMAS B BORK

(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) SINGLE  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APR 3, 1877  
7. AGE YEARS 62 MONTHS - DAYS 11 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. FARMER  
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) CONWAY MO (STATE OR COUNTRY) 0

FATHER 13. NAME ALFRED BORK 7

14. BIRTHPLACE (CITY OR TOWN) SWEEDEN (STATE OR COUNTRY) 1

MOTHER 15. MAIDEN NAME EMILINE PRICE

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

17. INFORMANT C.O. BORK (ADDRESS) CONWAY MO

18. BURIAL, CREMATION, OR REMOVAL PLACE GRAHAM CEM. DATE APR 16, 1939

19. FUNERAL DIRECTOR (NAME) PALMER'S (ADDRESS) LEBANON MO

20. FILED 5-11, 1939 Ada Montgomery (Address) 413 Conway Mo  
Legal Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 14 in 1939

22. I HEREBY CERTIFY, That I attended deceased from 4-4-1939, to 4-14-1939

I last saw him alive on 4-14-1939. Death is said to have occurred on the date stated above, at 11:40 a.m.  
The principal cause of death and related causes of importance were as follows:

Myocarditis  
Had attack Flu  
Date of onset \_\_\_\_\_  
Other contributory causes of importance: \_\_\_\_\_

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) O.C. Berridge, M. D.

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.

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**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 DA Palmer

Licensed Embalmer No. 1161

P. O. Address Linton Mo

**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.**