JUN 24 19[illegible]

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

Do not use this space.

15460

1. PLACE OF DEATH
County Butler
Township Ash Hill
City ..... (No. ..... St. ..... Ward)

Registration District No. 925
Primary Registration District No. 5134C

File No. .....
Registered No. 6

2. FULL NAME Indie Ann Border
(a) Residence. No. Near Broseley 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 ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) D.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 5-11th-30

7. AGE — YEARS | MONTHS | DAYS 1 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work X
(b) General nature of industry, business, or establishment in which employed (or employer) X
(c) Name of employer X

9. BIRTHPLACE (CITY OR TOWN) Near Broseley Mo
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Jessie J Border
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ill Wilson
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Rosa Wilson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) MO
(STATE OR COUNTRY)

14. INFORMANT Jessie J Border
(Address) Broseley Mo

15. FILED 5/12, 1930 Beatrice Greathouse
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

1

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-12-th 1930

17. I HEREBY CERTIFY, That I attended deceased from X, 19....., to X 1, 19....., that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 3 30 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Premature
159
161a
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
8 IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) O. L. Greathouse, M. D
5-12th, 1930 (Address) Fists Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mould Hill
DATE OF BURIAL 5-12th 1930

20. UNDERTAKER John Johnson
ADDRESS Broseley 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.