

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

Do not use this space.

21963

File No. \_\_\_\_\_  
Registered No. 12  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County Lafayette Registration District No. 466  
Township \_\_\_\_\_ Primary Registration District No. 4279  
City Wellington (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Pearl G. Borse

(a) Residence. No. \_\_\_\_\_ 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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 2, 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
52 8 13

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

9. BIRTHPLACE (CITY OR TOWN) Lebanon  
(STATE OR COUNTRY) Indiana

10. NAME OF FATHER Smith B. Kunn

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Lebanon  
(STATE OR COUNTRY) Indiana

12. MAIDEN NAME OF MOTHER Laura Pauley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Dover  
(STATE OR COUNTRY) Indiana

14. INFORMANT John L Borse  
(Address) Wellington MO

15. June 16, 1931 F. M. Mace  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 15, 1931

17. I HEREBY CERTIFY, That I attended deceased from Oct 18, 1930 to June 15, 1931 that I last saw her alive on June 15, 1931, and that death occurred, on the date stated above, at 6:20 P.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Carcinoma of Lung  
(duration) 8 yrs. 9 mos. ds.

CONTRIBUTORY (SECONDARY) 476  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. ds.

18. WHERE WAS DISEASE CONTRACTED?  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? nt

WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
(Signed) F. M. Mace, M. D.  
1931 (Address) Wellington MO

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Wellington MO DATE OF BURIAL June 17, 1931

20. UNDERTAKER Ernest F. Fegert ADDRESS Wellington MO

JUL 25 1931

CAUSE OF DEATH IN plain terms, so that it may be properly classified.

