

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.

MAY 25 1932

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

Do not use this space.

12899

1. PLACE OF DEATH
48 County Jackson Registration District No. 402
8 Township Oak Grove Primary Registration District No. 4259
3 City Oak Grove (No.) St. Ward

2. FULL NAME James Wm. Borland
(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 Male 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 13-1874

7. AGE YEARS 57 MONTHS 10 DAYS 6 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 237

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 5510

10. Date deceased last worked at this occupation (month and year) 10-11-31 11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 1

13. NAME James Borland

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U. S. of A. 23

15. MAIDEN NAME Mary Darrow

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U. S. of A.

17. INFORMANT Lela Borland (ADDRESS) Oak Grove Mo.

18. BURIAL, CREMATION, OR REMOVAL: PLACE Oak Grove Mo. DATE 4/21 1932

19. UNDERTAKER Z. Webb (ADDRESS) Oak Grove Mo.

20. FILED Apr. 26 1932 Miss A. W. Mann Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 19 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr. 17 1932, to Apr. 19 1932
I last saw him alive on Apr. 15 1932 Death is said to have occurred on the date stated above, at 80 m.
The principal cause of death and related causes of importance were as follows:
Pneumo-pneumonia terminal Date of onset Apr. 15, 32

Other contributory causes of importance:
Bronch. tumor left partial 1522
lobe. Class of tumor
undetermined

Name of operation none Date of

What test confirmed diagnosis? clinical as 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. Lutz M. D.
(Address) Oak Grove Mo.

