

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.

*Dr. Presnell,
Charleston*

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

3458
Do not use this space.

1. PLACE OF DEATH
(a) County *Mississippi* Registration District No. *566*
(b) Township _____ Primary Registration District No. *3030* Registered No. *4*
(c) City *Charleston* (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 *Dewey Marshall 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

MEDICAL CERTIFICATE OF DEATH

3. SEX *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 23 - 1937*
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
6 5 19
8. Trade, profession, or particular kind of work done, as *lawyer, bookkeeper, etc.*
9. Industry or business in which work was done, as *law firm, bank, etc.*
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation *4*
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Charleston, S. C.*
13. NAME *George Dewey Borders*
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Kentucky*
15. MAIDEN NAME *Essie Fowler*
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*
17. INFORMANT (ADDRESS) *Samantha Borders
Charleston*
18. BURIAL, CREMATION, OR REMOVAL PLACE *Oak Grove* DATE *Jan. 13, 1938*
19. FUNERAL DIRECTOR (ADDRESS) *Erwin N. Shelly
East Prairie*
20. FILED *1-13-1938 J. D. Vernon*
Local Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan. 12, 1938*
22. I HEREBY CERTIFY That I attended deceased from *Jan 10, 1938* to *Jan 12, 1938*
I last saw him alive on *Jan 12, 1938* Death is said to have occurred on the date stated above, at *8 P* m.
The principal cause of death and related causes of importance were as follows:
*Pneumonia
Bronchitis*
Other contributory causes of importance:
La grippe
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 *C. C. Presnell*, M. D.
(Signed) *Charleston, Mo.*
(Address) _____

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FEB 22 1938

BUREAU OF
MO. STATE HEALTH

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HEALTH

STATEMENT BY LICENSED EMBALMER

Francis Shelby

Licensed Embalmer No. 2726

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

not

L. E.

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed *Francis Shelby*

Licensed Embalmer No. 2726

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.)