

REC'D JUL 15 1938

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

Do not use this space.

1. PLACE OF DEATH

County Cass Registration District No. 156
 Township Pecculiar Primary Registration District No. 5220
 City (No. Cass Co., Home) St. Ward

File No. 21579Registered No. 47

2. FULL NAME

Thomas William Border 636

(a) Residence, No. St. Ward
 (Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 11 - 1879

7. AGE YEARS 58 MONTHS 9 DAYS 15 If LESS than 1 day, hrs. or min.

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

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

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri13. NAME James Smith Border14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri15. MAIDEN NAME Elvira Fletcher16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri17. INFORMANT Paul King Border (ADDRESS) Harrisonville Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Elm Hill DATE June 28, 193819. UNDERTAKER Remembrance Bros Co (ADDRESS) Harrisonville Mo20. FILED June 27, 1938 W. E. Sweeney Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 26, 193822. I HEREBY CERTIFY That I attended deceased from April 3, 1938 to June 26, 1938I last saw him alive on June 23, 1938 Death is saidto have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis Date of onset
myocardial degener-
ation

Other contributory causes of importance: 92CName 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 (Signed) E. M. Griffith, M. D.(Address) Harrisonville MoW. E. Sweeney

Every item of information should be extremely accurate. 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.

