

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

18057

1 PLACE OF DEATH
County Madison
City Madison (If death occurred in a hospital or institution, give its NAME instead of street and number)
Vol. No. 2032 Registration District No. 1088
Inc. Town Madison Primary Registration District No. 1088
City Madison (No. 2437 St. 2437 Ward) (If nonresident, give city or town and State)
2 FULL NAME John Henry Borders
(a) Residence No. Madison St. 2437 Ward. 24
(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 dark
5 Single single
Married
Widowed
or Divorced
(Write the word)
5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of
6 DATE OF BIRTH April 3, 1904
(Month) (Day) (Year)
7 AGE 21 yrs. 0 mos. 0 ds.
IF LESS than 1
day 0 hrs.
or 0 min?
8 OCCUPATION OF DECEASED
(a) Trade, profession or
particular kind of work Miner
(b) General nature of industry,
business or establishment in
which employed (or employer)

9 BIRTHPLACE (city or town) Georgia
(State or country)
PARENTS
10 NAME OF FATHER John Borders
11 BIRTHPLACE OF FATHER (city or town) Georgia
(State or country)
12 MAIDEN NAME OF MOTHER Anna Mathers
13 BIRTHPLACE OF MOTHER (city or town) Georgia
(State or country)

14 (Informant) John Borders
(Address) Madison

15 Filed 7-14, 1930 J. H. Kim
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 12, 1930
(Month) (Day) (Year)
17 I HEREBY CERTIFY That attended deceased
John Henry Borders, 1904, July 12, 1930,
the last I saw him live on July 11, 1930,
and that death occurred on the date stated above at 77.
The CAUSE OF DEATH was as follows: 1
Tuberculosis of the
Lung
(Duration) 6 yrs. 0 mos. 0 ds.
Contributory (Secondary) Influenza
(Duration) 3 yrs. 0 mos. 0 ds.

18 WHERE WAS DISEASE CONTRACTED
If not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) Robert W. Mailey, M. D.
July 12, 1930 (Address) Central
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. (See reverse side for addi-
tional space.)

19 PLACE OF BURIAL OR REMOVAL Brookside cemetery DATE OF BURIAL July 14, 1930
20 UNDERTAKER Blake Finch ADDRESS Brookside

PAPER REPRODUCED FOR TESTING

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. See instructions on back of certificate.