

TEXAS DEPARTMENT OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 STANDARD CERTIFICATE OF DEATH

53037

1. PLACE OF DEATH  
 STATE OF TEXAS  
 COUNTY OF BELL

Veterans Administration Hospital  
GIVE STREET AND NUMBER OR NAME OF INSTITUTION

CITY OR PRECINCT NO. Temple,  
 2. FULL NAME OF DECEASED BORDNER, Donald H.

LENGTH OF RESIDENCE WHERE DEATH OCCURRED 0 YEARS 4 MONTHS 25 DAYS. (SOCIAL SECURITY NO. Unknown)

RESIDENCE OF THE DECEASED | STREET AND NO. Route # 1 CITY Kempner COUNTY \_\_\_\_\_ STATE Texas

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (WRITE THE WORD) Married

6 DATE OF BIRTH Sept. 29, 1918

7 AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY  
28 2 9 \_\_\_\_\_

8A. TRADE, PROFESSION OR KIND OF WORK DONE Unknown

8B. INDUSTRY OR BUSINESS IN WHICH ENGAGED Unknown

9. BIRTHPLACE (STATE OR COUNTRY) Iowa

10 NAME Harry Bordner

11. BIRTHPLACE (STATE OR COUNTRY) Illinois

12. MAIDEN NAME Mattie (Wilson) Bordner

13. BIRTHPLACE (STATE OR COUNTRY) Clarinda, Iowa

14 SIGNATURE Donald H. Bordner  
 ADDRESS Route #1; Kempner, Texas TEXAS

15 PLACE OF REMOVAL Lampasas, Texas TEXAS  
 DATE December 8, 1946. 194

16 SIGNATURE Hewett Funeral Home  
Per Roy Hewett #419  
 ADDRESS Temple, TEXAS

MEDICAL PARTICULARS

17. DATE OF DEATH December 8th 1946

18. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM August 13 1946 TO December 8 1946

I LAST SAW HIM ALIVE ON December 8 1946

THE DEATH OCCURRED ON THE DATE STATED ABOVE AT 9:00 A.M.

THE PRIMARY CAUSE OF DEATH WAS:  
Carcinoma, larynx (right pyriform sinus) metastasis in left upper lobe region and lungs.

CONTRIBUTORY CAUSES WERE:  
 1. Carcinoma (Metastatic) hypopharynx 6 Months  
 2. Carcinoma, (Metastatic) lungs. 4 Months.

IF NOT DUE TO DISEASE, SPECIFY WHETHER:  
 ACCIDENT, SUICIDE, OR HOMICIDE

DATE OF OCCURRENCE \_\_\_\_\_

PLACE OF OCCURRENCE \_\_\_\_\_

MANNER OR MEANS IF RELATED TO OCCUPATION OF DECEASED, SPECIFY  
 SIGNATURE G. S. Littell

ADDRESS G. S. LITTELL, MD, Clinical Director  
Veterans Administration Hospital, Temple, TEXAS



20 FILE NUMBER FILE DATE SIGNATURE OF LOCAL REGISTRAR POSTOFFICE ADDRESS

330 12-9 1946 D. J. Varney Temple, TEXAS

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE