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

Do not use this space.

30114

23 1927

1. PLACE OF DEATH

County: Greene Co Farm — Registration District No. 318

Township: Ph Campbell — Primary Registration District No. 5489

City: R F D 2 (No. ..... St. ..... Ward)

File No. .....

Registered No. 644

2. FULL NAME: Isaac Mo Borchett

(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: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: ✓

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Unknown

7. AGE: Years 81 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Unknown
(b) General nature of industry, business, or establishment in which employed (or employer): Unknown
(c) Name of employer: Unknown

9. BIRTHPLACE (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Unknown

PARENTS

10. NAME OF FATHER: Joseph Borchett

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Unknown

12. MAIDEN NAME OF MOTHER: Unknown Braston

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Unknown

14. INFORMANT: Mrs R J Fretham
(Address): Peacly Mo

15. FILED: 10/22, 1927 O C Horst M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct 21 1927

17. I HEREBY CERTIFY, That I attended deceased from 10-1, 1927, to Oct 21, 1927 that I last saw him alive on Oct 21, 1927 and that death occurred, on the date stated above, at 4:9 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tuberculosis
25 Intestinalis
1235
23 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): perforation
Ileum (duration) ..... yrs. ..... mos. ..... 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) O C Horst, M.D.
10-22, 1927 (Address) Springfield, Mo

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Greene Co Farm — DATE OF BURIAL: Oct 22, 1927

20. UNDERTAKER: M J Brazeal — ADDRESS: Springfield Mo

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.

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