

MAR 16 1928

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

Do not use this space.

4049

1. PLACE OF DEATH

County... Buchanan
Township.....
City... St. Joseph.

Registration District No. 85
Primary Registration District No. 1001
(No. 623 Alabama Ave.)

File No.....
Registered No. 143
St. Ward)

2. FULL NAME Frank Borkowski.

(a) Residence. No. 623 Alabama Ave. St. Ward.
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U.S., if of foreign birth? 30 yrs. mos. ds.

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

Kostabiae Borkowski.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 9, 1880.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 4 23

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Salesman.
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer Swift and Company.

9. BIRTHPLACE (CITY OR TOWN) Unknown.

(STATE OR COUNTRY) Poland.

10. NAME OF FATHER John Borkowski.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown.

(STATE OR COUNTRY) Germany.

12. MAIDEN NAME OF MOTHER Mary A. Gust.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown.

(STATE OR COUNTRY) Germany.

14. INFORMANT Mrs Kostabiae Borkowski.

(Address) 623 Alabama Ave.

15. FILER FEB 3 1928 John B. W. Registrar

MEDICAL CERTIFICATE OF DEATH

2
16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 2, 19 28

17.

I HEREBY CERTIFY That I attended deceased from Dec 23, 19 27, to Feb 2, 19 28, that I last saw him alive on Feb 1, 19 28, and that death occurred, on the date stated above, at 5:35 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

chronic Parenchymatous Nephritis
1. 29 A
57 A
(duration) yrs. mos. ds. Several

CONTRIBUTORY chronic Arteriosclerosis (SECONDARY) (duration) yrs. mos. ds. Several

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: IN

DID AN OPERATION PRECEDE DEATH: IN DATE OF: IN

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS: Clinique

(Signed) Feustoy, M. D.

2/3/19 28 (Address) 216 1/2 W. 7th Ave

*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 DATE OF BURIAL

Mount Olivet Cemetery. Feb 4 1928

20. UNDERTAKER ADDRESS

H. D. Sidenfaden 1802 Union St.

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.

