

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

Do not use this space.

*Dr. Turner*  
9764

**1. PLACE OF DEATH**

County Macou  
Township Eagle  
City Madison Mo. (No. ...., St. ...., Ward .....

Registration District No. 533  
Primary Registration District No. 5714

File No. ....  
Registered No. 36

**2. FULL NAME**

Christina Bork Dennis

(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** Female **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** Widowed  
*(write the word)*

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** X - X

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** April 15-1892

**7. AGE** YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
36      11      9

**8. OCCUPATION OF DECEASED**

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

**9. BIRTHPLACE (CITY OR TOWN)** East, Mo.  
(STATE OR COUNTRY) Ill.

**10. NAME OF FATHER** August Bork

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)** Germany  
(STATE OR COUNTRY) .....

**12. MAIDEN NAME OF MOTHER** Anna Kustin

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)** Germany  
(STATE OR COUNTRY) .....

**14. INFORMANT** August Bork  
(Address) Madison, Mo.

**15. FILED** 3/30 28 Mrs Luke Dunkle  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** 3/24 1928

**17. I HEREBY CERTIFY** That I attended deceased from 3-17, 1928, to 3-24, 1928 that I last saw h. .... alive on 3-23, 1928 and that death occurred, on the date stated above, at 3:35 a.m.

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

Broncho Pneumonia

**CONTRIBUTORY (SECONDARY)** Influenza  
(duration) .... yrs. .... mos. 6 ds.  
(duration) .... yrs. .... mos. 10 ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

**19. DID AN OPERATION PRECEDE DEATH?** no DATE OF.....

**20. WAS THERE AN AUTOPSY?** no

**21. WHAT TEST CONFIRMED DIAGNOSIS?** Physical

(Signed) J. Turner M. D.  
3/25, 1928 (Address) Madison, 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** Mt Tabor **DATE OF BURIAL** 3/26 1928

**20. UNDERTAKER** Albert Grimm **ADDRESS** Madison

E. R.—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.

1928

RECORD

