

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.

MAY 27 1930

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

Do not use this space.

1. PLACE OF DEATH

County Permis cot
Township Hayte
City Hayte (No.)

Registration District No. 653
Primary Registration District No. 5864

File No. 13525
Registered No. 39
St. Ward)

2. FULL NAME

(a) Residence No.
(Usual place of abode) Lizzie Borgard St. Ward.

Length of residence in city or town where death occurred Hayte Mo (If nonresident give city or town and State)
How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

Negress

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

Married

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

Chas Borgard

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

2 Oct 1880

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

About 50

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)

Self

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

10. NAME OF FATHER

Richard Kilerick

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

12. MAIDEN NAME OF MOTHER

Cella Bland

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

14.

INFORMANT (Address)

Brown Sessom Hayte Mo

15.

FILED

4/5 1930 J. N. Johnson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-4-1930

17. I HEREBY CERTIFY, That I attended deceased from Mar 30th, 1930, to only, 1930, that I last saw h.l.a. alive on Mar 30th, 1930, and that death occurred, on the date stated above, at 11:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bright's Disease

CONTRIBUTORY (SECONDARY)

131 92A About 1 year (duration) yrs. mos. ds.
Maternal Insufficiency (duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Urinary analyses
(Signed) William F. Pitt, M. D.

4/5, 1930 (Address) Hayte Mo

*State the DISEASE CAUSING DEATH, as 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

ernetry on Red farm 4/5 1930

20. UNDERTAKER

ADDRESS

Hoagland Darriss Hayte Mo

