

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.

SEP 22 1930

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

Do not use this space.

26051

1. PLACE OF DEATH
 County Callaway Registration District No. 104
 Township Fulton Primary Registration District No. 2008
 City Fulton (No. _____) St. _____ Ward _____

2. FULL NAME Emma Borgner
 (a) Residence. No. State Hosp #1 St. _____ Ward. Washington, Mo.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 22 yrs. 5 mos. 19 ds. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Unknown

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF No information

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
66 — — — —

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).
 (c) Name of employer

3 MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (MONTH, DAY AND YEAR) August 9, 1930
 17. I HEREBY CERTIFY, That I attended deceased from Aug 7, 1930 to August 9, 1930 that I last saw h. or w. alive on Aug 8, 1930, and that death occurred, on the date stated above, at 5:00 AM.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Heat exhaustion and Starvation

CONTRIBUTORY (SECONDARY) Psychosis (Maniacal State) (duration) _____ yrs. _____ mos. _____ ds.

(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED 1914
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? NO DATE OF _____
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? none
 (Signed) C. C. Ault, M. D.
 . 19 _____ (Address) Fulton, 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.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No information

PARENTS

10. NAME OF FATHER No information

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

12. MAIDEN NAME OF MOTHER No information

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

14. INFORMANT. Record of State Hosp #1
 (Address) Fulton, Mo.

15. FILED Aug 9, 1930 B. N. Crews
 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Old Fellow Cemetery, Washington, Mo. DATE OF BURIAL 8/11/30

20. UNDERTAKER Otto H. Hall ADDRESS Washington, Mo.

