

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.

APR 21 1931

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

9318

## 1. PLACE OF DEATH

County DadeRegistration District No. 237Township CenterPrimary Registration District No. 3323City Greenfield

(No. \_\_\_\_\_)

St. \_\_\_\_\_

Ward \_\_\_\_\_

## 2. FULL NAME

(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)

Widow

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

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

June 14 - 1850

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8099

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

## 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Germany

## 13. NAME

Fred Borchert

## 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Germany

## 15. MAIDEN NAME

Martha Racine

## 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Germany

## 17. INFORMANT (ADDRESS)

Mrs John R. R. this

## 18. BURIAL, CREMATION, OR REMOVAL

Collins Cem.

PLACE

Dade Co Mo

DATE

Mar 24 1931

## 19. UNDERTAKER (ADDRESS)

Howard Greenfield Mo

## 20. FILED

3-31 1931Ball

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 23, 1931

22. I HEREBY CERTIFY, That I attended deceased from

March 23, 1931, to March 23, 1931I last saw him alive on March 23, 1931. Death is saidto have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

Heart Disease

Date of onset

Other contributory causes of importance:

none

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Rev. L. W. Wier

, M. D.

(Address)

Greenfield Mo

