

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

*Pollard*  
Do not use this space.

10581

**PLACE OF DEATH**

County Pettis  
Township Ledalia  
City Ledalia (No. 2500, So Ohio

Registration District No. 668  
Primary Registration District No. 3032

File No. \_\_\_\_\_  
Registered No. 67  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**FULL NAME**

Margaret J. Borgmann

(a) Residence, No. 2500 So Ohio 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 <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>W. J. Borgmann</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 17 1872</u>		
7. AGE	YEARS <u>60</u>	MONTHS <u>3</u>
	DAYS <u>14</u>	IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife 13</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>13</u>
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)  
no

13. NAME Thos. Treasking

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

15. MAIDEN NAME  
Walt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
1

17. INFORMANT W. J. Borgmann  
(ADDRESS) Ledalia Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Crown Hill DATE 3/3/33

19. UNDERTAKER Telegraph Fun Home  
(ADDRESS) Ledalia Mo

20. FILED 3-2-33 1933  
J. J. DAVE  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 1 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 19 1933, to Mar 1 1933  
I last saw him alive on Mar 1 1933 Death is said to have occurred on the date stated above, at about 4 AM  
The principal cause of death and related causes of importance were as follows:

Nephritis,  
Chr. Interstitial  
131  
Other contributory causes of importance:  
Chr. Myocarditis

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? Symptoms Was there an autopsy? No

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? No  
If so, specify \_\_\_\_\_  
(Signed) A. L. Pollard, M. D.  
(Address) Ledalia, Mo.

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 24 1933

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