MARGIN RESERVED FOR BINDING

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 24 1933

V. S. No. 2

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

Do not use this space.

14417

1. PLACE OF DEATH

91 County St Louis — Registration District No. 189 — File No.

Township Central — Primary Registration District No. 60333 — Registered No. 103

City — (No. 1337 Midland Ave St. Ward)

2. FULL NAME Minnie Alice Borgard.

(a) Residence, No. 1337 Midland Ave. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 10, 1873

7. AGE: YEARS 59 — MONTHS 10 — DAYS 22 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At home
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): Pulaska Co. Arkansas

FATHER

13. NAME: Don't know.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ? Don't know

MOTHER

15. MAIDEN NAME: Don't know.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ? Don't know

17. INFORMANT (ADDRESS): Mr. Edward J. Borgard 1337 Midland Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefontaine Cem. DATE April 4, 1933

19. UNDERTAKER (ADDRESS): Geo. L. Pleitsch Inc. 5966 Easton Ave.

20. FILED 4/3/, 1933 Tolla Bracy M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 18, 1933, to April 2, 1933

I last saw her alive on April 2, 1933. Death is said to have occurred on the date stated above, at 12.05 a.m.

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

General arteriosclerosis — Date of onset about 4/1/32

97 97

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Clinical — 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) Orville Orbit, M. D.

(Address) 1300 A. Kingsland Ave

Dr. Orville C. White
1300 Hoosiemont Ave.
Cabany 8755