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.

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

Do not use this space. 36568

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 4489
Township Kaw — Primary Registration District No. 10.02 — Registered No.
City Kansas City (No. Menorah Hospital St. Ward)

FULL NAME William M. Bornheim

(a) Residence, No. 5547 Charlotte St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 6, 1860

7. AGE — YEARS 73 — MONTHS 3 — DAYS 10 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant
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) Jamesville Wisc.

FATHER
13. NAME Benjamin Bornheim
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Caroline Newberger
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs W. M. Bornheim 5547 Charlotte

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington D.C. DATE 11/17/33 19

19. UNDERTAKER (ADDRESS) Carroll-Davidson Und Co 3024 Troost

20. FILED Nov. 16, 1933 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 16, 1933.

22. I HEREBY CERTIFY, That I attended deceased from Nov 12, 1933, to 11/16, 1933
I last saw him alive on 11/16/33, 19 Death is said to have occurred on the date stated above, at 9 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Arteriosclerosis Brain and Peripheral	
82B	
82C Thrombosis of basilar artery	
107A Encephalomalacia of Pons	

Other contributory causes of importance:
Bronchopneumonia

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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) Arthur P. Clasen, M. D.
(Address) 625 Professional Bldg