

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.

7675-a

~~7664~~

MAY 25 1934

PLACE OF DEATH

County Alchison
Township
City Rock Port

Registration District No. 7419
Primary Registration District No. 4015

File No.
Registered No.
St. Ward)

FULL NAME

Elizabeth J. Bortner
(a) Residence, No. St. Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 21-1857

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>78</u>	<u>7</u>	<u>6</u>	

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

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) Pennsylvania

13. NAME Jacob J. Bortner

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

15. MAIDEN NAME Elizabeth Robinson

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

17. INFORMANT (ADDRESS) Chas. Bortner
Rock Port Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Kindig DATE Mar 29-1934

19. UNDERTAKER (ADDRESS) Chas. Bortner
Rock Port Mo

20. FILED Mar 29 1934 Mary G. Chambliss
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 29 1934

22. I HEREBY CERTIFY, That I attended deceased from March 27, 1934, to March 27, 1934;
I last saw him alive on March 27, 1934. Death is said to have occurred on the date stated above, at 12:30 a.m. / 12-30 a.m.
The principal cause of death and related causes of importance were as follows:

Arteriosclerosis
Death was very sudden
Infirmitates of age

Other contributory causes of importance:
Infirmitates of age

Name of operation none Date of

What test confirmed diagnosis? no. Special 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) Austin McMichael, M. D.
(Address) Rock Port Mo.

