

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

Do not use this space.

21314

JUL 17 1934

PLACE OF DEATH

County Newton
 Township Seneca
 City Seneca (No. _____)

Registration District No. 611
 Primary Registration District No. 4365

File No. _____
 Registered No. 29
 St. _____ Ward _____

2. FULL NAME Henry Clay Borthick

(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** W **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1870

7. AGE YEARS 64 MONTHS 11 DAYS 19 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bakery
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) Windson Mo

13. NAME John J. Borthick

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

15. MAIDEN NAME Margaret Ogden

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

17. INFORMANT Leonore Borthick
 (ADDRESS) Seneca Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Seneca Mo DATE June 14, 1934

19. UNDERTAKER Norman W. Mitchell
 (ADDRESS) Seneca Mo

20. FILED June 20, 1934 Merle Spaulin
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8, 1934

22. I HEREBY CERTIFY, that I attended deceased from 6-7-34 to 6-8-34

I last saw him alive on 6-8-34. Death is said to have occurred on the date stated above, at 11:30 am.

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

Paralysis agitans Date of onset _____
87B
9104
 Other contributory causes of importance _____

Name of operation none 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.

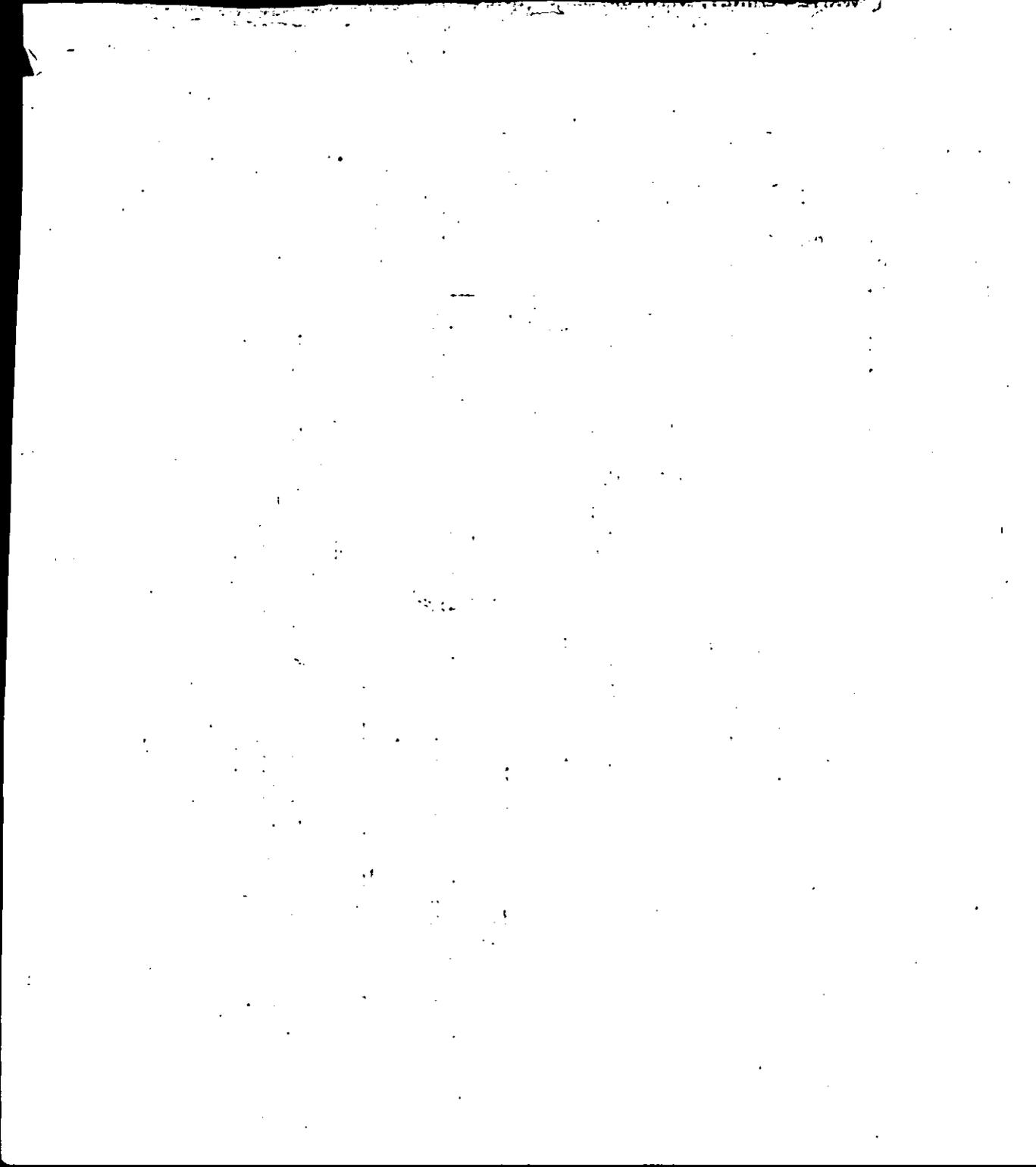
Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____

(Signed) W. L. Barnard M. D.
 (Address) Seneca 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.

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#2
Newton

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
WASHINGTON

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Henry Clay Barthick
Who died at _____ on June 8 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex m Color or race W Single married, widowed or divorced: _____

Date of birth ~~1870~~ June 19, 1870 Age: Years 64 Months 11 Days 19

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Date deceased last worked at this occupation: Month _____ Year _____
Birthplace (State or country) _____
Birthplace of father (State or country) _____
Birthplace of mother (State or country) _____
Principal cause of death: _____

Other contributory causes of importance _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
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 _____
Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
Name of physician _____
Address of physician _____

Signature to Registrar Merle Spaulin L.A. Dist 611
This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 611 Very truly yours,
E. J. Mc Gaugh
Primary Reg. Dist. No. 4365

Special Agent.

S.C.

RECEIVED
FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE

MEMORANDUM

S-21314

CONFIDENTIAL