

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.

2632

JAN 20 1936

1. PLACE OF DEATH

County Ray Registration District No. 744
 Township Richmond Primary Registration District No. 3035
 City Richmond (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 1

2. FULL NAME CHRISTIAN BORCHERS

(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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Borchers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 19 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
83 11 12

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

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) Germany

13. NAME George Borchers

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

15. MAIDEN NAME We not know

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

17. INFORMANT Wm Borchers
 (ADDRESS) Richmond Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Richmond Mo DATE 1/3/36

19. UNDERTAKER W. Jones
 (ADDRESS) Richmond Mo

20. FILED 1-9 1936 E. E. Day Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 1 1936

22. I HEREBY CERTIFY, That I attended deceased from 1934, 19____, to 1936, 19____, 19____. I last saw him alive on 1-1, 1936. Death is said to have occurred on the date stated above, at 10:30 P.M.
 The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia
103
Chronic Myocarditis.
 Date of onset _____

Name of operation _____ Date of _____
 What test confirmed diagnosis Smear 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) E. E. Day, M. D.
 (Address) Richmond Mo

