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.

SEP 29 1936

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

Do not use this space.

File No. 31136

Registered No.

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. 1211 E-44+W St. 3935 Ward)
Registration District No.
Primary Registration District No.

2. FULL NAME John C Borchert
(a) Residence, No. 1211 E-44+W 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Anna M Borchert

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apr-2-1872

7. AGE: YEARS 64 | MONTHS 4 | DAYS 21 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired P.O.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Clerk
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): Wilson Co Ks

FATHER
13. NAME: Charles Borchert
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Elizabeth J Griffin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill

17. INFORMANT (ADDRESS): Mrs Anna M Borchert 1211 E-44+W

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Forest Hill DATE: Aug-26 1936

19. UNDERTAKER (ADDRESS): Dwyer Comer Sons Kansas City - Mo

20. FILED: 8-25 1936 M. M. Crouse, asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug-23 1936

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1936 to August 23, 1936
I last saw him alive on Aug 23, 1936. Death is said to have occurred on the date stated above, at 3 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	unknown
46	

Other contributory causes of importance:
unknown

Name of operation: none Date of
What test confirmed diagnosis? 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: None.

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Milton B Casebolt, M. D.
(Address) 1207 Kratz Bldg K.C. Mo

329 West Port Road.