MAR 24 1937

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

Do not use this space.

7598

1. PLACE OF DEATH

County Pettis — Registration District No. 668 — File No. 41

Township — Primary Registration District No. 3032 — Registered No. 668

City Sedalia (No. 2617 East Broadway St. Ward)

2. FULL NAME William Fredrick Borgmann

(a) Residence, No. 2617 East Bway. 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: Martha

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 3, 1871

7. AGE: 65 YEARS, 9 MONTHS, 5 DAYS. 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.
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): Mo.

FATHER
13. NAME: Chris Borgmann
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: DK
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): DK

17. INFORMANT (ADDRESS): Mrs. W. J. Knehans, Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Crown Hill DATE: Feb. 10. 1937

19. UNDERTAKER (ADDRESS): Gillespie Funeral Home, Sedalia, Mo.

20. FILED 2-10-1937 Jean Slack Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): FEB. 8, 1937

22. I HEREBY CERTIFY, That I ~~attended deceased from~~ removed the body, 19..., to ..., 19...

I last saw h..... alive on ..., 19..... Death is said to have occurred on the date stated above, at ..... m.

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

Apoplexy — Cerebral Thrombosis

Other contributory causes of importance: arteriosclerosis

Date of onset

Name of operation ..... 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? ..... 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) O. G. Hanfacher, M. D.

(Address) Coroner Pettis Co., 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.