

JUL 26 1937

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan,

Registration District No. 80

File No. 23224

Township

Primary Registration District No. 100

Registered No. 709

City St. Joseph,

(No. 1404 Charles)

St. _____ Ward _____

2. FULL NAME

William C. Borckenstein,

(a) Residence, No. 1404 Charles,

St. _____

Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. _____ mos. _____ ds.

How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 21, 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sophia Borckenstein,

22. I HEREBY CERTIFY, That I attended deceased from June 9, 1937, to June 21, 1937

I last saw him alive on June 19, 1937 Death is said to have occurred on the date stated above, at 4:50 p.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 10, 1868

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 5 68 6 11

Heart Disease Arterio sclerosis (P) Date of onset _____

Coronary Sclerosis (P)

Coronary Thrombosis (P)

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. Terminal Ry. Co.

10. Date deceased last worked at this occupation (month and year) June 1937

11. Total time (years) spent in this occupation 28

Other contributory causes of importance: 94 lb.

Arterio sclerosis general (P)

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ross County, Ohio,

13. NAME Unknown

Name of operation none Date of _____

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

What test confirmed diagnosis? clinical Was there an autopsy? no

15. MAIDEN NAME " "

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

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

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) Mrs. H. C. Borckenstein 1404 Charles Street,

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland Cem. DATE June 23, 1937

Manner of injury " "

Nature of injury " "

19. UNDERTAKER (ADDRESS) Theaton, Bellotti & Bowman 319 So. 10th Street, Terminal

24. Was disease or injury in any way related to occupation of deceased? no

20. FILED 6-23, 1937 A. J. Nestlebuch Registrar.

If so, specify _____ (Signed) W. C. Clark, M. D.

(Address) 3018 E. 3rd St. St. Joseph 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.

Dr Carl



5/1/1911