DEC 14 195.

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

Do not use this space.

File No. 40690

Registered No. 1245

1. PLACE OF DEATH

County: Buchanan

Registration District No. 85

Township:

Primary Registration District No. 1001

City: St. Joseph (No. St. Josephs Hosp., St. Ward)

2. FULL NAME: Mae Holler Bordman

(a) Residence, No. 7021 Polk Street St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

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: Jake Bordman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 19, 1884

7. AGE: Years 52 Months 11 Days 22 If LESS than 1 day, hrs. or min.

OCCUPATION

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

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): Oct. 1937

11. Total time (years) spent in this occupation: 10 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Union Star Missouri

FATHER

13. NAME: Cyrus P. Miller

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Grove City Pa.

MOTHER

15. MAIDEN NAME: Vilet C. Schaffer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hickman Ky.

17. INFORMANT (ADDRESS): Mrs Wm Day 2720 Renick St Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Ashwood Cemetery DATE: Nov. 18 19 37

19. UNDERTAKER (ADDRESS): Tolson-Rosenberg & Barnett St. Joseph Mo.

20. FILED: Nov. 13, 1937 H. J. Westphalen By Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from 10-29, 1937, to 11/11, 1937

I last saw her alive on 11/11, 1937. Death is said to have occurred on the date stated above, at 10:20 a.m.

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

Post-operative Shock

Date of onset

Other contributory causes of importance: Old Fracture left Hip

Name of operation: Reconstruction Date of: 11/11/37

What test confirmed diagnosis? X-ray Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury: 1-10, 1937

Where did injury occur? Home - Fall (Specify city or town, County, and State)

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

Manner of injury: Fell

Nature of injury: Broken hip

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

If so, specify

(Signed) Jacob Kulowski, M. D.

(Address) St. Joseph, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.