

JAN 21 1938

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

Do not use this space.

1. PLACE OF DEATH

County Osage Registration District No. 642
Township Westphalia Primary Registration District No. 585
City Westphalia (No. _____) St. _____ Ward _____

File No. 46241
Registered No. 12

2. FULL NAME John Borgmeyer

(a) Residence, No. Westphalia, Mo. 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 Mrs. Elizabeth Borgmeyer
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 6, 1865
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
72 6 2

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) Westphalia, Mo.

13. NAME Joseph Borgmeyer

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

15. MAIDEN NAME Johanna Fennewald

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

17. INFORMANT Mrs. John Borgmeyer
(ADDRESS) Westphalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Westphalia, Mo. DATE Dec. 11, 1937

19. UNDERTAKER Heinrichs Funeral Home
(ADDRESS) Jefferson City, Mo.

20. FILED 12/10 - 1937 Manly House Place Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 8, 37, 19

22. I HEREBY CERTIFY, That I attended deceased from November 18th, 1937, to December 8th, 1937
I last saw him alive on December 8th, 1937. Death is said to have occurred on the date stated above, at 11:45 m.

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

Coronary Thrombosis
Fracture of Sternum Automobile Accident, Collided with tree
Date of onset _____

Other contributory causes of importance: Fracture of Sternum Automobile Accident, Collided with tree

Name of operation _____ Date of _____
What test confirmed diagnosis? Physic Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury Nov 18th, 1937
Where did injury occur? near Westphalia, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. on private road
Manner of injury collision with tree
Nature of injury fracture of sternum

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) James Stewart M. D.
(Address) 626 Jefferson St.
Jefferson City, 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.

