

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.

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

Do not use this space.

FEB 18 1936

420

1. PLACE OF DEATH

County Callaway Registration District No. 104
Township _____ Primary Registration District No. 3008
City Fulton (No. _____, _____ St. _____ Ward _____)

File No. _____
Registered No. 19

2. FULL NAME Charles L. Borghardt

(a) Residence, No. California, Mo. St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 0 yrs. 7 mos. 21 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds. (If nonresident, give city or town and State)

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 d.k.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) D.K.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>69</u>	<u>?</u>	<u>?</u>	

OCCUPATION

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) D.K.

11. Total time (years) spent in this occupation D.K.

12. BIRTHPLACE (CITY OR TOWN) Jamestown, Mo.
(STATE OR COUNTRY)

MOTHER FATHER 13. NAME D.K.

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

15. MAIDEN NAME D.K.

16. BIRTHPLACE (CITY OR TOWN) D.K.
(STATE OR COUNTRY)

17. INFORMANT Hospital Records
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE California, Mo. DATE 1/21

19. UNDERTAKER Williams & Friedman
(ADDRESS) California, Mo.

20. FILED 1-21, 1936 D. N. Crews
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 2, 1936 to Jan. 19, 1936

I last saw him alive on Jan. 18, 1936. Death is said to have occurred on the date stated above, at 6:30A.

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

Acute Cardiac Dilation Date of onset ?

Other contributory causes of importance:
Arteriosclerosis Generalized ?

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? YES

23. If death was due to external cause (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? _____
If so, specify _____

(Signed) D. S. Lapp, M. D.
(Address) Fulton, Mo.

