

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.

MAY 22 1933

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

Do not use this space.

12746

1. PLACE OF DEATH

County Cole
Township Marion
City (near) Centertown (No. _____)

Registration District No. 211
Primary Registration District No. 5291

File No. _____
Registered No. 5
St. _____ Ward _____

2. FULL NAME

Ether Janet Borghardt

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 19 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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 10, 1933

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
— — 19

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (near) Centertown
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Do not know

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Do not know
(STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER Emma Borghardt

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Centertown
(STATE OR COUNTRY) Mo.

14. INFORMANT Mrs. J. A. Borghardt
(Address) Centertown Mo.

15. FILED 4/29, 1933 H. T. Leach, M. D.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 29 1933

17. I HEREBY CERTIFY, That I attended deceased from April 26, 1933, to April 29, 1933, that I last saw him alive on April 26, 1933, and that death occurred, on the date stated above, at 1:40 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pertussis

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Where she died

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS None

(Signed) Francis J. Nichols, M. D.

, 19 _____ (Address) Centertown Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Marion Cemetery DATE OF BURIAL April 30 1933

20. UNDERTAKER C. H. Bailey ADDRESS Centertown, Mo.

