

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.

MAR 23 1931

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

Do not use this space.

4782

1. PLACE OF DEATH

16  
2  
2  
2

County Cape Girardeau  
Township April  
City Jackson Mo (No. ....)

Registration District No. 124  
Primary Registration District No. 4070

File No. ....  
Registered No. 11  
St. .... Ward)

2. FULL NAME

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

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. (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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 14 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
77 0 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 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) St Louis Mo  
April Township

13. NAME Christian Borgfield

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany (11)

15. MAIDEN NAME Elizabeth Richers

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

17. INFORMANT Hy Borgfield Jr  
(ADDRESS) Cape Girardeau Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Russell Heights DATE Feb 20 1931

19. UNDERTAKER McClomb Gunn and Co  
(ADDRESS) Jackson Mo

20. FILED 2-20 1931 D. G. Stebbins  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 18<sup>th</sup>, 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan. 21<sup>st</sup>, 1931, to Feb. 18<sup>th</sup>, 1931

I last saw him alive on Feb. 16<sup>th</sup>, 1931. Death is said to have occurred on the date stated above, at 2 P. m.

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

Chronic enteritis,  
arterio sclerosis,  
hypertension,  
arteriosclerosis,

Date of onset about Dec/31

Other contributory causes of importance: arterio sclerosis.

Name of operation none Date of .....  
What test confirmed diagnosis? symptoms Was there an autopsy? no

23. If death was due to external causes (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? no  
If so, specify .....

(Signed) D. G. Stebbins, M. D.  
(Address) Cape Girardeau, Mo

