

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

Do not use this space.

27385

1. PLACE OF DEATH

County Randolph Registration District No. 735
 Township..... Primary Registration District No. 3034
 City Moberly (No. 501, Johnson) St. 4th Ward

2. FULL NAME

(a) Residence, No. 501 Johnson St., 4 Ward. (If nonresident, give city or town and State)
 (Usual place of abode)

Length of residence in city or town where death occurred 58 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 John W. Finn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 8th 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
68 1 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
 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) Mo

13. NAME John Borgemeyer

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

15. MAIDEN NAME MINNIE MASSMAN

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) I.A.

17. INFORMANT John W. Finn
 (ADDRESS) Moberly, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Aug 30 1933 DATE Moberly, Mo

19. UNDERTAKER Mahan + Son
 (ADDRESS) Moberly, Mo

20. FILED 8-2- 1933 Thos. S. Fleming Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 1st 1933

22. I HEREBY CERTIFY, That I attended deceased from May 12th 1931, to Aug 1st 1933
 I last saw her alive on Aug 1st 1933 Death is said to have occurred on the date stated above, at 12:45 P.

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

1/6
Paralysis of Intestines
(Dysentery Colic)
 Other contributory causes of importance:
1/6

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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?.....

If so, specify D. S. Haskins (Signed)....., M. D.

(Address) Moberly 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 CAUSE OF DEATH is very important.

WHITE PAPER WITH UPDATING INK—THIS IS A PERMANENT RECORD

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