

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

Do not use this space.

42798

JAN 2 1935

1. PLACE OF DEATH

County Jackson
Township Ft Osage
City Levasy Mo. (No. _____) (St. _____) (Ward _____)

Registration District No. 396
Primary Registration District No. 332

File No. _____
Registered No. 20

2. FULL NAME Mr. George F. Borgmann

(a) Residence, No. Levasy 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 54 yrs. X mos. X 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. Anna K. Borgmann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 4, 1862.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
72 6 13

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. Retired farmer last 10 yrs (3 yrs)
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) Femme Osage Mo

FATHER 13. NAME Frederick Borgmann

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

MOTHER 15. MAIDEN NAME Fredrica Niendieck

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

17. INFORMANT Mrs. Anna Borgmann (ADDRESS) Levasy Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bonehill Cem. DATE Dec. 29, 1934

19. UNDERTAKER Vernon M. Reppert. (ADDRESS) Buckner Mo.

20. FILED Jan 10, 1935 H. A. Ransaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 18 1934 to Dec 17 1934
I last saw him alive on Dec 17 1934. Death is said to have occurred on the date stated above, at 8:00 P.M.
The principal cause of death and related causes of importance were as follows:

Pneumonia: lobar Date of onset Dec 10
108
Other contributory causes of importance: Prostatitis Not 1

Name of operation _____ Date of _____
What test confirmed diagnosis? Clin 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) Georg H. Noxe, M. D.
(Address) 1000 K. Albo Bldg
Kansas 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.

