

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

32875
Do not use this space.

1. PLACE OF DEATH

(a) County Linn Registration District No. 502
 (b) Township Marion Primary Registration District No. A305 Registered No. 25
 (c) City Marion (d) Street No. BB Putman Memorial Hospital St. Mo.
 (If death occurred in Hospital or Institution, write its name (instead of street and number))
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. St. Bucklin Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Mike E. Borron
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 17, 1869
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 10 22

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 17 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oldsberry Mo.

FATHER 13. NAME Thomas Rathoff
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Boston Mo.

MOTHER 15. MAIDEN NAME Caroline Abbat
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Boston Mo.

17. INFORMANT (ADDRESS) Glenn Newkirk Bucklin Mo.

18. BURIAL, CREMATION, OR REMOVAL (ADDRESS) Wilton Cem. Bucklin Mo. DATE Sept 11, 1939

19. FUNERAL DIRECTOR (ADDRESS) Funeral Service Co. Bucklin Mo.

20. FILED 9/9 1939 Oliver Barrett Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 9, 1939
 22. I HEREBY CERTIFY, That I attended deceased from Sept 8, 1939, to Sept 9, 1939
 I last saw her alive on Sept 8, 1939 Death is said to have occurred on the date stated above, at 6:00 P.M.
 The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy Date of onset 9/9/39
 Other contributory causes of importance: Chronic Intermittent Hypertension (?)
Hypertension 1937
 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) M. L. Decker M. D.
 (Address) Marion 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.

WHILE PLAINLY, WITH UNFADING IMPRESSIONS IS A PERMANENT RECORD

I X-14223

District No. of Emb. No. 111.
District File Number 1139-1370
Date Filed OCT 17 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed W. Larson
Licensed Embalmer No. 4037
P. O. Address Bucklin, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.