

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

Do not use this space.

1. PLACE OF DEATH

County Cape Girardeau
Township Wubbe
City _____ (No. _____) Ward _____

Registration District No. 126
Primary Registration District No. 5174B

File No. 2314
Registered No. 1
St. _____ Ward _____

2. FULL NAME

Geneva Pauline Borchelt 624
(a) Residence, No. Gordonville, Mo. R. # 1 St. Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

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.

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) Jan. 14, 1931.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>7</u>	<u>—</u>	<u>3</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) Gordonville, Mo. (STATE OR COUNTRY) Mo.

13. NAME Paul G. Borchelt

14. BIRTHPLACE (CITY OR TOWN) Cape Girardeau Co. (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Marguerite Seimess

16. BIRTHPLACE (CITY OR TOWN) Cape Girardeau Co. (STATE OR COUNTRY) Missouri

17. INFORMANT Paul G. Borchelt (ADDRESS) Gordonville, Mo. R. # 1

18. BURIAL, CREMATION, OR REMOVAL PLACE Gordonville, Mo. DATE Jan 20, 1938

19. UNDERTAKER Macla Wilson Howard, Inc. (ADDRESS) Jackson, Mo.

20. FILED 1/20 Wm. H. Ford Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-17-1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1938, to Jan 17, 1938. I last saw him alive on Jan 16, 1938. Death is said to have occurred on the date stated above, at 2:45 P.M.

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

Broncho Pneumonia Date of onset 3 days
Measles 1 week

Other contributory causes of importance: _____

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.

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24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) J. P. Schow, M. D.
(Address) Jackson Mo

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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PERCIL.

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

2314
Do not use this space.

1. PLACE OF DEATH

(a) County Cape Girardeau Registration District No. 126
(b) Township Hubble Primary Registration District No. 5174B
(c) City..... (d) Street No..... St.
(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

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 8

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
7 - 3

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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

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

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE 3 in Richey DATE Jan 20 / 38

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 1/20 1938 Wm W. Ford Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1 - 17 1938

22. I HEREBY CERTIFY, That I attended deceased from 1938 to 1938, 19.....
I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at..... m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

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.....
(Signed) E. P. Schoen M. D.
(Address) Jackson

SUPPLEMENTARY

RIGHTS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
CHOICE OF DEATH IN plain terms, so that it may be properly classified. Exact statement as prescribed by LAW.

