

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH
County Cole
Township Marion
or
Village
or
City

Registration District No. 211
Primary Registration District No. 5291

File No. 19, 28063

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME

John Borghardt Jr.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX male COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED Infant
(Write the word)

DATE OF DEATH August 13, 1917
(Month) (Day) (Year)

DATE OF BIRTH Aug 27, 1916
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from July 13, 1917, to Aug. 12, 1917, that I last saw him alive on Aug. 12, 1917, and that death occurred, on the date stated above, at 3 P. m.

AGE 11 yrs. 17 mos. 17 ds. IF LESS than 1 day, ___ hrs. or ___ min.?

The CAUSE OF DEATH was as follows:

1 Typhoid fever

OCCUPATION (a) Trade, profession, or particular kind of work Infant. (b) General nature of industry, business, or establishment in which employed (or employer) Infant.

BIRTHPLACE (City or town, State or foreign country) Cole Co., Mo.

PARENTS NAME OF FATHER Joseph H. Borghardt BIRTHPLACE OF FATHER Moniteau Co., Mo. MAIDEN NAME OF MOTHER Lulu Hickman BIRTHPLACE OF MOTHER Cole Co., Mo.

Contributory (SECONDARY) (Duration) ___ yrs. ___ mos. ___ ds.

(Signed) J. A. Crum M. D. (Address) Marion, Mo.

(State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.)

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted If not at place of death?

Former or usual residence

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Joe S. Borghardt

(ADDRESS) Marion, Mo.

Filed Aug 14, 1917 Joe N. Smith REGISTRAR

PLACE OF BURIAL OR REMOVAL Marion Cemetery DATE OF BURIAL Aug 13, 1917

UNDERTAKER Jack Bowler ADDRESS Centerton, Mo.

[Approved by U. S. Census and American Public Health Association]

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc.*, *Carcinoma, Sarcoma, etc.* of (name origin; "Cancer" is less definite; avoid

use of "Tumor" for malignant neoplasmas); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "*Asthenia*," "*Anaemia*" (merely symptomatic), "*Atrophy*," "*Collapse*," "*Coma*," "*Convulsions*," "*Debility*" ("*Con- genital*," "*Senile*," etc.), "*Dropsy*," "*Exhaustion*," "*Heart failure*," "*Haemorrhage*," "*Inanition*," "*Marasmus*," "*Old age*," "*Shock*," "*Uraemia*," "*Weakness*," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or mis- carriage, as "*PUERPERAL septicaemia*," "*PUERPERAL peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "*Contributory*." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)