1800

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 196

County Registered No. 4670

Local Registrar's No. 395

ORIGINAL CERTIFICATE OF DEATH

PLACE OF DEATH

County Maricopa

District Mesa

Town Or City Chandler

No. San Marcos Hotel St.

(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Charles Louis Borgmeyer

PERSONAL AND STATISTICAL PARTICULARS

SEX male

Color or Race White ~~Indian~~ ~~Black~~ ~~Chinese~~ ~~Mexican~~

~~SINGLE~~ MARRIED ~~WIDOWED~~ or ~~DIVORCED~~

DATE OF BIRTH Nov (Month) 13, (Day) 1859 ~~1860~~ ~~191~~ (Year)

AGE 58 yrs. 3 mos. 28 days

If less than 1 day ..... hrs., or ..... min.

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

BIRTHPLACE (State or country) Maastricht, Holland

PARENTS

NAME OF FATHER J. G. L. Borgmeyer

BIRTHPLACE OF FATHER State or country) Holland

MAIDEN NAME OF MOTHER Carol Le Cleic

BIRTHPLACE OF MOTHER State or country) Holland

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Lilian D. Borgmeyer

(Address) New York City N.Y.

PLACE OF BURIAL OR REMOVAL Rahway, N.J.

DATE OF BURIAL OR REMOVAL Mch 11, 1918

UNDERTAKER Moore & McLellan

ADDRESS Phoenix, Arizona

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March (Month) 11 (Day) 1918 (Year)

I hereby certify, that I attended deceased from ..... 191.... to ..... 191....; that I last saw h..... alive on ..... 191...., and that death occurred on the date stated above at 5 P.M. The DISEASE or INJURY causing Death was as follows: Instantaneous probably Cerebral Haemorrhage

Instant (Duration) ..... yrs. ..... mos. ..... days

Was disease contracted in Arizona? no

If not, where?

CONTRIBUTORY Arterio Sclerosis (Duration) ..... yrs. ..... mos. ..... days

(Signed) D. M. Armstrong J.P. Ex Officio Coroner

May 11 1918 (Address) Chandler

*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE

At place of death ..... yrs. 1 mos. 29 ds. In Arizona ..... yrs. 2 mos. 10 ds.

Former or Usual Residence New York City N.Y.

Filed 4-3/11 1918 J. E. Deane Local Registrar

Filed May 7 1918 A. A. Nichols County Registrar

FILL OUT ALL BLANKS.

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.