DEC 22 1930

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

Do not use this space.

35674

File No.
Registered No. 875

1. PLACE OF DEATH
County Cole
Township
City Jefferson (No. St. Ward)

Registration District No. 213
Primary Registration District No. 3014

2. FULL NAME Frank Bohner

(a) Residence. No. 213 E Ashley St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) |
|---|---|---|
| Male | White | married |

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 8 - 1892

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 38 | 1 | 19 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Shoemaker
(b) General nature of industry, business, or establishment in which employed (or employer) Retired
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) New York City
(STATE OR COUNTRY) NY

PARENTS
10. NAME OF FATHER Henry Bohner
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Philomena Sachs
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

14. INFORMANT Mrs Emma Bohner
(Address) 213 E Ashley

15. FILED 12/9/1930 W. Bedford REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 27 1930

17. I HEREBY CERTIFY, That I attended deceased from 11-5-1930, to 11-27-1930, that I last saw ~~him~~ alive on 11-27-1930, and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Multiple Neuritis
107A
[illegible]
(duration) yrs. mos. 22 ds.

CONTRIBUTORY (SECONDARY) Bronchopneumonia
(duration) yrs. mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) F. W. Gallham, M. D.
11/29/1930. (Address) Jefferson City Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. PLACE OF BURIAL, CREMATION, OR REMOVAL | DATE OF BURIAL |
|---|---|
| Riverview Cem | Nov 29 1930 |
| **20. UNDERTAKER** | **ADDRESS** |
| Dawson & Garner | Jefferson City Mo |

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.