WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

AUG 11 1934

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

Do not use this space.

File No. 24032

Registered No. 60

1. PLACE OF DEATH
County: Franklin
Township: ~~Washington~~
City: Washington (No. ..., ... St. ..... Ward)

Registration District No. 297
Primary Registration District No. 3016

2. FULL NAME: Bessie Marjorie Kohler

(a) Residence, No. Corpus Christi, Texas St., Ward. Corpus Christi, Texas.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

10 hrs.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF: C.F. Kohler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): November 24, 1890

7. AGE: Years 43 | Months 7 | Days 8 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Housework
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): Kalamazoo, Michigan

FATHER
13. NAME: Alfred E. Simmons
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not known

MOTHER
15. MAIDEN NAME: Mary Dayton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dayton Ohio

17. INFORMANT: C.F. Kohler
(ADDRESS): Corpus Christi, Texas.

18. ~~BURIAL, CREMATION, OR~~ REMOVAL
PLACE: Kalamazoo, Michigan DATE: July 3, 1934

19. UNDERTAKER: Otto & Co.,
(ADDRESS): Washington, Mo.

20. FILED July 3, 1934 N. O. May
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1934, to July 2, 1934
I last saw her alive on July 1, 1934. Death is said to have occurred on the date stated above, at 4:45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Fracture of skull	
2 Contusion of brain	
3 10 M	

Other contributory causes of importance:

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury July 1, 1934
Where did injury occur? Franklin Co., Mo. Highway
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Automobile, collision Highway 66
Manner of injury Collision of two automobiles
Nature of injury Head injuries

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

(Signed) Frank A. Mays, M. D.
(Address) Washington, Mo.