JUL 25 1935

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

Do not use this space.

23863

File No.
Registered No.

1. PLACE OF DEATH
County: New Madrid
Township:
City: New Madrid (No. , St. Ward)

Registration District No. 604
Primary Registration District No. 4358

2. FULL NAME: Margaret Bach

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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): March 16 1917

7. AGE: Years 13 | Months 3 | Days 29 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: School Child
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) (STATE OR COUNTRY): New Madrid Mo

FATHER
13. NAME: John Bach
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New Madrid Mo

MOTHER
15. MAIDEN NAME: Elizabeth Michalke
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Springfield Ill

17. INFORMANT: Elizabeth Bach
(ADDRESS): New Madrid

18. BURIAL, CREMATION, OR REMOVAL
PLACE: New Madrid DATE: July 16 1935

19. UNDERTAKER: Richards Mfg. Co.
(ADDRESS): New Madrid Mo

20. FILED: 7/20/ 1935 W. O. Bannister U. S. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 15 1935

22. I HEREBY CERTIFY That I attended deceased from , 19, to , 19.
I last saw h. alive on , 19. Death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowned	
	15

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? Accident Date of injury July 15, 1935
Where did injury occur? Mississippi River
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury: Drowned while in swimming
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?
If so, specify:
(Signed): L. A. Richards Coroner, M.D.
(Address): New Madrid

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.