

N. B.—Every item of information should be carefully supplied. AGE MUST 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.

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

Do not use this space.

JUN 17 1936

1. PLACE OF DEATH

County Bollinger
Township W. 2nd
City Zalma, Mo. (No. _____)

Registration District No. 69
Primary Registration District No. 5127

File No. 48239
Registered No. _____
St. _____ Ward _____

2. FULL NAME Franklin Donald Bach

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 1 mos. 0 ds. How long in U. S., if of foreign birth? 2 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Stillborn</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 4, 1936</u>		
7. AGE <u>✓</u>	YEARS <u>✓</u>	MONTHS <u>✓</u>
DAYS <u>✓</u>		IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>✓</u>	11. Total time (years) spent in this occupation <u>✓</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>	
	10. Date deceased last worked at this occupation (month and year) <u>✓</u>	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Zalma, Mo.

13. NAME Charlie Franklin Bach
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Zalma, Mo.

15. MAIDEN NAME Cora Ellen Talley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Zalma, Mo.

17. INFORMANT (ADDRESS)
Charlie Franklin Bach

18. BURIAL, CREMATION, OR REMOVAL
PLACE Berang County DATE May 5, 1936

19. UNDERTAKER (ADDRESS)
Mrs. J. A. Berry

20. FILED _____ 19 Mrs. J. A. Berry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Unknown, 19 _____

22. I HEREBY CERTIFY, That I attended deceased from Birth May 4, 1936, to May 4, 1936

I last saw him alive on _____, 19 36. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Stillborn
(no movement felt 8 days before birth)
8 mos. child

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? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? ✓

If so, specify _____

(Signed) Dr. R. B. Smith, D.O., M.D.
(Address) P.O. Box #7 - Zalma, Mo.

