

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.

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

Do not use this space.

JUL 24 1936

23010 11

1. PLACE OF DEATH

County Montana  
Township Pilot Grove  
City (No. ) (No. ) St. (No. ) Ward)

Registration District No. 577  
Primary Registration District No. 5775

Folio No. 11  
Registered No. \_\_\_\_\_

2. FULL NAME

Arthur Leroy Bohrbach  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19 1936

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF None

22. I HEREBY CERTIFY, That I attended deceased from never, to \_\_\_\_\_, 19\_\_\_\_.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 19 - 1936

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 4 hrs. or \_\_\_\_\_ min.

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

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. None  
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 \_\_\_\_\_

Patulous Foramen Ovale  
Date of onset \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montana Co Mo

Other contributory causes of importance \_\_\_\_\_

13. NAME C E Rohrbach

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montana Co Mo

What test confirmed diagnosis? Ulcer Was there an autopsy? \_\_\_\_\_

15. MAIDEN NAME Maud Hickman

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montana Co Mo

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

17. INFORMANT C E Rohrbach (ADDRESS) California Mo

Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE New Grove Cem DATE 6-20, 1936

Manner of injury \_\_\_\_\_ Nature of injury \_\_\_\_\_

19. UNDERTAKER William F. Friedman (ADDRESS) California Mo

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_ If so, specify \_\_\_\_\_

20. FILED 7-10-1936 M. Hilda Robertson Registrar.

(Signed) A. R. Papey, M. D. (Address) California Mo

