

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

Do not use this space.

33559

1. PLACE OF DEATH

County Jackson
Township New
City Kansas City (No. 340 Gladstone)

Registration District No. 399
Primary Registration District No. 1002

File No. 4328
Registered No. 4328
St. _____ Ward _____

2. FULL NAME

Mrs Nira DiLama Bachmann
(a) Residence. No. 340 Gladstone St. 9 Ward. _____
(Usual place of abode)
Length of residence in city or town where death occurred 15 yrs. _____ mos. _____
How long in U.S., if of foreign birth? yrs. _____ mos. _____ da. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Julius Bachmann

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 20, 1855

7. AGE: YEARS 72 MONTHS 1 DAYS 23
If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Home
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Scotland Co.
(STATE OR COUNTRY) Memphis Mo.

10. NAME OF FATHER Alden Carter

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Hartford Conn.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary H. Talbot

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Falmouth Conn.
(STATE OR COUNTRY)

14. INFORMANT Nora D. Brown
(Address) 3737 Jefferson KC Mo

15. FILED 11/15 29 M. M. Casare
19 _____ REGISTRAR Car

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 13 1927

17. I HEREBY CERTIFY That I attended deceased from Aug 1 to Jan 1 1926, to Nov 13 1927
that I last saw him alive on Nov 13 1927, and that death occurred, on the date stated above, at 10:30 P. M.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Senile Dementia
Myocarditis acute
93A

CONTRIBUTORY (SECONDARY) Senile Dementia
(duration) 1 yrs. 9 mos. _____ da.

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? usual Lab
(Signed) D. M. Liberman M.D.
11/15 1927 (Address) 308 Bryant Bldg

*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 Forest Hill DATE OF BURIAL Nov 15 1927

20. UNDERTAKER Eyles Funeral Home ADDRESS 1800

M. 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.

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

