

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

DO not use this space.

36152

1. PLACE OF DEATH
 County Buchanan Registration District No. 85
 Township _____ Primary Registration District No. 1001
 City St. Joseph Mo. (No. 2803 South 21st) St. _____ (Ward)
 2. FULL NAME Carl Fred Bachman
 (a) Residence. No. 2803 South 21st St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 _____
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) June Unknown
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
66 | Unknown | _____ | _____ | _____
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work _____
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____
 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany
 10. NAME OF FATHER Unknown
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown
 12. MAIDEN NAME OF MOTHER Unknown
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

14. INFORMANT Mrs. J. M. Bailey
 (Address) 2803 South 21st
 15. FILED NOV 26 1928 John G. [Signature] REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 23, 1928
 17. I HEREBY CERTIFY That I attended deceased from _____
April 1928 to Nov. 23, 1928
 that I last saw him alive on October 27, 1928, and that death occurred, on the date stated above, at 10:34 AM.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
131
820
6 hours (duration) yrs. mos. da.
 CONTRIBUTORY (SECONDARY) Chronic Nephritis
One Year (duration) yrs. mos. da.
 18. WHERE WAS DISEASE CONTRACTED
1290 NOT AT PLACE OF DEATH.
 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? Clinical
 (Signed) C. A. [Signature], M. D.
11/25, 1928 (Address) Phys 5 Bedg St Joseph
 *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 DATE OF BURIAL
Mt. Mora Nov. 26, 1928
 20. UNDERTAKER ADDRESS
Fleeman Funeral Home 1208 Francis

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.

26 1928

