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.

1. PLACE OF DEATH
County Greene
Township Robberson
City Willard (No. R #2 St. Ward)
Registration District No. 324
Primary Registration District No. 5449
File No. 10350
Registered No. 3

2. FULL NAME John Bach
(If Residence) No. Willard Mo. R #2 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PR 24 1929

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 Missouri Bach

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 19-1846

7. AGE Years 83 Months 2 Days 2 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(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) Germany

PARENTS
10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Homer Bach
(Address) Willard Mo.

15. FILED 4-25, 1929 Mae Sanborn REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/21 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 22, 1929, to Jan 21, 1929 that I last saw him alive on Mar 13, 1929, and that death occurred, on the date stated above, at 9:45 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute cardiac dilation
133C
95B
111B
(duration) yrs. 2 mos. ds.
CONTRIBUTORY (SECONDARY) Oedema lung & kidneys
(duration) yrs. mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) [signature], M. D
, 19 (Address) Woodruff 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 National Cemetery
DATE OF BURIAL March 23 1929

20. UNDERTAKER J. W. Klingner & Co. 424 E. Coml St Springfield Mo.
ADDRESS

1
10
31
31