

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

Do not use this space.  
**339824435**  
File No. ....  
Registered No. ....  
St. .... Ward)

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
Township Kaw Primary Registration District No. ....  
City Kansas City (No. 3309 Hillham 002)

**2. FULL NAME**

Carrie Roll Bachman  
(a) Residence. No. 3309 Hillham Rd., St. 6 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. 6 How long in U. S., if of foreign birth? yrs. mos. ds.

**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 J. Arnold Bachman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10-16-1846

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
83 0 10

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work at-home  
(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) France

10. NAME OF FATHER Francis Xavier Roll

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

12. MAIDEN NAME OF MOTHER Mary Salome Kiepert

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

14. INFORMANT H. H. Watts  
(Address) 1520 West 59th St.

15. FILED 10/28/29 M. M. Crowe  
REGISTRAR

**5 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-26-1929

17. I HEREBY CERTIFY, That I attended deceased from July 20, 1929, to Oct 26, 1929  
that I last saw h. alive on Oct 25, 1929, and that death occurred, on the date stated above, at 9:45 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
1078 traumatic arterio sclerotic psychosis (acc fall) (duration) yrs. 3 mos. - ds.  
CONTRIBUTORY brachyneuronic (SECONDARY) (duration) yrs. mos. 6 ds.

18. WHERE WAS DISEASE CONTRACTED at place of death  
IF NOT AT PLACE OF DEATH, DATE OF CONTRACTING .....  
DID AN OPERATION PRECEDE DEATH? no DATE OF OPERATION .....  
WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS? clinical 10  
(Signed) J. Wolf, M. D.

Oct 27, 1929 (Address) 620 Wagon St. City

\*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  
Elmwood Cemetery 10/28 1929

20. UNDERTAKER ADDRESS  
Stine & McClure W. City Mo.

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.

RESERVED FOR BINDING

Dr. J. f. Wolf 3710 Tracy West 7123

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