

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

Do not use this space.

18857

**PLACE OF DEATH**

County Cape Girardeau  
Township Lawrence  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 129  
Primary Registration District No. 5180

File No. \_\_\_\_\_  
Registered No. 11  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Cornelia Bachmann

(a) Residence. No. \_\_\_\_\_ 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.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>wife Joseph Bachmann</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Feb 8 - 1863</u>		
7. AGE <u>77</u> YEARS	MONTHS <u>4</u>	DAYS <u>15</u>
IF LESS than 1 day, _____ hrs. or _____ min.		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>House work</u> (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) Mo.

<b>PARENTS</b>	10. NAME OF FATHER <u>Henry Schmidt</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>Germany</u>
	12. MAIDEN NAME OF MOTHER <u>Wilhelmina Maeser</u>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>Germany</u>	

14. INFORMANT Olga Bachmann  
(Address) Pocahontas, Mo.

15. FILED 6/26/1930  
G. J. Schoser  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 23 1930

17. I HEREBY CERTIFY, That I attended deceased from Mar 1st 1930, to June 23 1930, that I last saw her alive on June 15 1930, and that death occurred, on the date stated above, at About 1:30 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Cerebral Hemorrhage (Apoplexy)  
92 P  
99

CONTRIBUTORY Atherosclerosis  
(SECONDARY) (duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_  
(Signed) R. H. Haylock, M. D.  
6/26/1930 (Address) Pocahontas, Mo.

\*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 Uniontown Lutheran Cem  
DATE OF BURIAL 6-26-1930

20. UNDERTAKER Reisenbichler Bros  
ADDRESS Pocahontas Mo

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.

