

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.

APR 21 1931

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

Do not use this space.

9452

1. PLACE OF DEATH

37 County GRASCOM ADE
Township BOEHF
City BOEHF (No.)

Registration District No.

Primary Registration District No.

File No.

Registered No. 3

St.

Ward)

2. FULL NAME FRED CHRIST BADE

(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

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

HUSBAND MINNIE BADE

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

SEP 14 - 1856

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. min.

74518

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)

BERGER MO

10. NAME OF FATHER

CHRIST BADE

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

GERMANY

12. MAIDEN NAME OF MOTHER

NIXKOWIN

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

GERMANY

14.

INFORMANT

(Address)

Emil C. Bade
HERMANN MO RI

15.

FILED

32, 31

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

MAR 1 1931

17.

I HEREBY CERTIFY, That I attended deceased from Mar 1, 1931, to Mar 2, 1931, that I last saw him alive on Feb 27, 1931, and that death occurred, on the date stated above, at 7:50 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

82A Apoplexiaabout

(duration) yrs. mos. ds.

CONTRIBUTOR (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OFWAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS

(Signed)

, 19

(Address)

*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

SWISS MOMAR 3 1931

20. UNDERTAKER

ADDRESS

HERMAN BLUMERMO BERGER

