

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

Do not use this space.

41498

1931
PLACE OF DEATH
County Madison Registration District No. 518
Township Mc Millie Primary Registration District No. 5694
City (No. _____) St. _____ Ward _____

File No. 1-1931
Registered No. 26

2. FULL NAME Zedekiah Bachman
(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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Catharine S. Bachman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 25-1846

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
84 11 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pottsville Penn

FATHER 13. NAME Ernest Bachman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

MOTHER 15. MAIDEN NAME Not Known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT Wm Bachman
(ADDRESS) Andrus mo Ar

18. BURIAL, CREMATION, OR REMOVAL PLACE Mitchell Cem near Cav DATE Dec 20, 1931

19. UNDERTAKER Geo. Dutton Mo C
(ADDRESS) Andrus mo

20. FILED 12/20 1931 Andrus Mitchell
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 19, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 28, 1928, to Dec 18, 1931.
Last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 2:30 p. m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset _____
930930

Other contributory causes of importance:
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) A. M. Chase, M. D.
(Address) Tiffin Mo.
Blount 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 very important.

