

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

Do not use this space.

25264

1. PLACE OF DEATH

2 County Andrew Registration District No. 10
Township Monroe Primary Registration District No. 2013
City (No.) St. Ward

File No. _____
Registered No. 2 St. _____ Ward _____

2. FULL NAME Mrs. Elise Rosa Bachman

(a) Residence, No. Farm St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Chris. Bachman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-14-1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 10 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

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) Pentzberg Switzerland

13. NAME A. Strasser

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Switzerland

15. MAIDEN NAME Barbara Att

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Switzerland

17. INFORMANT Mrs. Alfred Bachman (ADDRESS) Cosby, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Cedar Ridge cem. DATE Aug-29 1932

19. UNDERTAKER J. Fred Terhune (ADDRESS) Savannah Missouri

20. FILED Sept. 10, 1932 b. h. Allen Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-27-1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 21 1932 to Aug 27 1932

I last saw him alive on Aug 26 1932 Death is said to have occurred on the date stated above, at 5:54 a.m.

The principal cause of death and related causes of importance were as follows:

Arterio-sclerosis

Arterio-sclerosis 99

97 170

Other contributory causes of importance (1)

Date of onset 1925
8-21-32

Name of operation _____ Date of _____
What test confirmed diagnosis? Physic Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 1932

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? Yes
If so, specify _____

(Signed) M. D. Miller M. D.
(Address) Savannah Missouri

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.

SEP 21 1932

PERMANENT RECORD

