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

Do not use this space.
32200

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City
Registration District No. 389
Primary Registration District No. 1002
(No. 6033 Wyandotte St. Ward)
File No. 3725
Registered No.

2. FULL NAME John E. Lach
(a) Residence, No. 60033 Wyandotte St., 8 Ward.
(Usual place of abode)
(If nonresident, give city or town and State)
Length of residence in city or town where death occurred 50 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: Grace B. Lach

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 2, 1858

7. AGE: 74 YEARS | MONTHS: 6 | DAYS: 2 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Furnature
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): Philadelphia Pa.

FATHER
13. NAME: Fredrich Lach
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Not Known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT: Mrs Grace Lach
(ADDRESS) 6033 Wyandotte

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Forest Hill Cemetery DATE: Oct 5, 32

19. UNDERTAKER: Wagner Funeral Home
(ADDRESS) 204 W. Linwood

20. FILED 10-4-1932 M. M. Crowe
Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 4, 32, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 1921, to Oct 4, 1932
I last saw him alive on Sep 30, 1932 Death is said to have occurred on the date stated above, at 11:30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
82 A	
97	

Other contributory causes of importance:
arterio sclerosis

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) S. O. Reville, M. D.
(Address) 1410 Bryant KC 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.

WRITE PLAINLY, WITH UNFADING INK

[illegible]

[illegible]