

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

Do not use this space.

**1. PLACE OF DEATH**

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City St. Joseph,

(No. 417 North Noyes Boulevard,

**18969**

File No. 823

Registered No. 823

St. \_\_\_\_\_ Ward \_\_\_\_\_

**12. FULL NAME** Roscoe Morrow Bacheller,

(a) Residence, No. 417 No. Noyes Boulevard,

Ward. \_\_\_\_\_

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 43 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 Mary Porter Bacheller,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 27, 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
75 8 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Division Freight & Passenger agent RAILROAD,

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) June 1933

11. Total time (years) spent in this occupation 53

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Somerset, Kentucky,

13. NAME Carleton Bacheller,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Unknown,

15. MAIDEN NAME Alice Bradley,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Kentucky,

17. INFORMANT (ADDRESS) Mrs. P. M. Bacheller, 417 No. Noyes Boulevard,

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Jo. Mem. Park DATE June 17, 1933

19. UNDERTAKER (ADDRESS) Theater-Bellale-Bourman, 319 So. 10th St., Independence, Mo.

20. FILED JUN 16 1933 John R. Bender, Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 14, 1933 to June 16, 1933

I last saw him alive on June 16, 1933 Death is said to have occurred on the date stated above, at 4:00 a.m.

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

Chc Myocarditis  
Hypertension primary

Other contributory causes of importance: \_\_\_\_\_

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No 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 None Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_ (Signed) James O. Donoghue, M. D. (Address) St. Joseph, 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 is very important.

JUL 20 1933

C. J. Conner  
N. R.

