

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

Do not use this space.

23038

**1. PLACE OF DEATH**

County Andrew Registration District No. 10  
Township Monroe Primary Registration District No. 5013  
City Avenue City (No. \_\_\_\_\_, \_\_\_\_\_ St. \_\_\_\_\_ Ward)

File No. \_\_\_\_\_  
Registered No. 6

**2. FULL NAME** Chris Bachman

(s) 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 m 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 \_\_\_\_\_  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept - 26 - 1848  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
85 - 9 28

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) unknown (STATE OR COUNTRY) Switzerland

13. NAME Chris Bachman

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

15. MAIDEN NAME E. Lumberwood

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

17. INFORMANT Alfred Bachman (ADDRESS) Avenue City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Ridge DATE July 16 - 1934

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

20. FILED 7-17 1934 J. McAlister Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July - 14 - 1934

22. I HEREBY CERTIFY, That I attended deceased from July 24 1933 to July 14 1934  
I last saw him alive on May 4 1934 Death is said to have occurred on the date stated above, at 5 P.m.  
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset May 3?  
1934  
131

Other contributory causes of importance:  
Arterio Sclerosis General  
Heart Disease, Arterio Sclerosis  
Nephritis Ch; Arterio Sclerosis

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? clinical 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 \_\_\_\_\_, 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? no  
If so, specify \_\_\_\_\_

(Signed) J. F. Terhune, M. D.  
(Address) Savannah, 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.

AUG 10 1934

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