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.

MAY 24 1935

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

399

Do not use this space.

12945

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City Mo (No. Mercy Hosp St. 1002 Ward)

Registration District No. 1008
Primary Registration District No.

File No.
Registered No.

2. FULL NAME Mary Bachtel
(a) Residence, No. Carrollton Mo St., Ward. Carrollton Mo
(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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 20, 1935

7. AGE Years — Months 2 Days 28 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Carrollton Mo

FATHER
13. NAME Wm Bachtel
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bosworth Mo

MOTHER
15. MAIDEN NAME Frankie Davis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ethel Mo

17. INFORMANT Wm Bachtel
(ADDRESS) Carrollton Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Carrollton Mo DATE 4-18, 1935

19. UNDERTAKER Milton Stanley
(ADDRESS) Carrollton Mo

20. FILED 4-17, 1935 M. M. Crowe, asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/17/35, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.... to ....., 19....
I last saw h.... alive on ....., 19.... Death is said to have occurred on the date stated above, at 2 P ....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Malnutrition	
Bronchopneumonia	
10 Da	

Other contributory causes of importance:

Name of operation ..... Date
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) ....., M. D.
(Address)