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.

DEC 19 1935

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

Do not use this space.

40134

1. PLACE OF DEATH

County Lawrence — Registration District No. 475 — File No.

Township Springriver — Primary Registration District No. 5639 — Registered No.

City Verona (No. R.F.D # 1 St. Ward)

2. FULL NAME Clarence Bacher

(a) Residence, No. R.F.D. # 1 Verona St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
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) April 9-1927

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
8	7	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
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) Lawrence County Missouri

FATHER

13. NAME Arthur Bacher
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansaw

MOTHER

15. MAIDEN NAME Mary Hibler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newton County Missouri

17. INFORMANT (ADDRESS) Arthur Bacher Verona Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Verona Mo. DATE Dec. 10 1935

19. UNDERTAKER (ADDRESS) Fossett & Co. Mt Vernon Mo.

20. FILED Dec 10 1935 G. J. Rudeg Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 8 1935

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 5.00P.M.

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

	Date of onset
Accidentally Shot	
	17

Other contributory causes of importance: 184

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) J. Ennis King, Coroner

(Address) Aurora, Mo