

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.

OCT 1 1936

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

Do not use this space.

33405

1. PLACE OF DEATH

County Sullivan
Township Richman
City Green City (No.)

Registration District No. 849
Primary Registration District No. 6/23

File No.
Registered No. 33 -
St. Ward

2. FULL NAME

Elbert Bachman

(a) Residence, No. 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 4. 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 7 27

OCCUPATION 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. on farm
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) Sullivan Co. Missouri

FATHER 13. NAME Jonathan Bachman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

MOTHER 15. MAIDEN NAME Alice Darter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT Bora Bachman (ADDRESS) Green City Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE morelock DATE Sept 2 1936

19. UNDERTAKER Glenn E. Keist (ADDRESS) Green City Mo.

20. FILED Sept 8 1936 U. S. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-31, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1936, to AUG 31, 1936

I last saw him alive on AUG 31, 1936. Death is said to have occurred on the date stated above, at 11:45 p.m.

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

GASTRIC CARCINOMA Date of onset 7

476

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Medical Was there an autopsy? Yes

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? Yes
If so, specify

(Signed) H. E. Schurr, M. D.

(Address) Green City Mo.

