MAY 2[illegible] 1928

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.

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

Do not use this space.

12380

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Primary Registration District No. 1001

File No.

Registered No. 473

Township

City St. Joseph, (No. 1114 Edmond St. Ward)

2. FULL NAME Carl Frederick Trachsel,

(a) Residence. No. 1114 Edmond St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Widowed,

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary F. Trachsel,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 10, 1853

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ......min.
74	11	4	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Farmer,

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Monroe,
(STATE OR COUNTRY) Wisconsin,

PARENTS

10. NAME OF FATHER Carl Frederick Trachsel

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Switzerland,

12. MAIDEN NAME OF MOTHER Elizabeth Bringold

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Switzerland,

14. INFORMANT Mrs. G. E. Myers
(Address) 1114 Edmond St.

15. FILED APR 16 1928 John G. Ott REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 14, 1928

17. I HEREBY CERTIFY, That I attended deceased from Ap 1st, 1927, to Ap 14, 1928, that I last saw h...... alive on ......, 19......, and that death occurred, on the date stated above, at 10:45 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma Stomach

44a 46B

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? St Joseph Mo

DID AN OPERATION PRECEDE DEATH? No. DATE OF 0

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Physical examination

(Signed) G. G. Thompson, M. D

4/16, 1928 (Address) 825 Charles

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Near Union Star, Mo. Oak Grove Cemetery ; Auto

DATE OF BURIAL April 16 1928

20. UNDERTAKER Heaton Bye & Bowman Funeral Home by J. W. [illegible]

ADDRESS 319 S. 10 St.