

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

Do not use this space.

29

2319

1. PLACE OF DEATH
 County Carroll Registration District No. 134
 Township Budge Primary Registration District No. 4075
 City Baseworth, Mo. No. _____ St. _____ Ward _____

2. FULL NAME David M. Bachtel 2319
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
 4. COLOR OR RACE white
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27 - 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 5 25

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) (STATE OR COUNTRY) Chariton Co. Mo.

13. NAME Richard Bachtel

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

15. MAIDEN NAME Sarah Thomas

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

17. INFORMANT Mrs. David M. Bachtel
 (ADDRESS) Baseworth, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wakenda Cemetery DATE 1-27-38

19. UNDERTAKER David Edwards
 (ADDRESS) Baseworth, Mo.

20. FILED Jan 26, 1938 Mrs. A. G. Brown
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 25, 1938

22. I HEREBY CERTIFY That I attended deceased from Jan 20 1938 to Jan 25 1938
 I last saw him alive on Jan 25 1938 Death is said to have occurred on the date stated above, at 11:50 A.M.
 The principal cause of death and related causes of importance were as follows:
Pneumonia
 Other contributory causes of importance: Influenza

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

23. If death was due to external causes (violence), fill in all 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. FEB 23 1938

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to an illness or disease? no
 If so, specify _____
 (Signed) A. G. Brown M. D.
 (Address) Baseworth, Mo.

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.

17
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1938

