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.

JUL 10 1937

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

Do not use this space.

22625

File No.
Registered No.

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City (No. St. Luke's Hospital St. Ward)

2. FULL NAME CLARENCE R. BACHMAN

(a) Residence, No. 3236 Mersington 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. 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	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 12, 1880

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
57	3	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Employee Kansas City

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Paper House 25 years

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) Indiana

FATHER

13. NAME Edmond E. Bachman

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

MOTHER

15. MAIDEN NAME Hank McKee

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

17. INFORMANT Mrs. Agnes Bachman
(ADDRESS) 3236 Mersington, Kansas City, Mo.

18. BURIAL, ~~CREMATION~~ Mt. Washington Cem.
PLACE Kansas City, Mo. DATE June 4, 1937

19. UNDERTAKER Stine & McClure
(ADDRESS) 3235 Gillham Plaza

20. FILED June 2, 1937 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 29, 1936, to June 1, 1937

I last saw him alive on June 1, 1937. Death is said to have occurred on the date stated above, at P.m. 8:55

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

	Date of Onset
Pulmonary Tuberculosis Multiple	3/12/37
94 lbs	

Other contributory causes of importance:

Coronary occlusion	12/29/36
Cardiac infarct	

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

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? No
If so, specify

(Signed) L. P. Bergmann, M. D.
(Address) 1012 Ply Bldg. K.C. Mo

1032
Boughnoy