REC'D AUG 8 1938

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

Do not use this space.

File No. 24126

Registered No. 2631

1. PLACE OF DEATH
County JACKSON Registration District No. 399
Township KAW Primary Registration District No. 1002
City KANSAS CITY (No. 5300, TRACY St. Ward)

2. FULL NAME RAYMOND ORVILLE BACHMAN 255
(a) Residence, No. 5300 TRACY St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred LIFE 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) FEB. 4 1918
7. AGE: YEARS 20 MONTHS 4 DAYS 26 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE
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) KANSAS CITY (STATE OR COUNTRY) MISSOURI

FATHER
13. NAME ROY B. BACHMAN
14. BIRTHPLACE (CITY OR TOWN) PAOLA (STATE OR COUNTRY) KS.

MOTHER
15. MAIDEN NAME EMMA J. HOFF
16. BIRTHPLACE (CITY OR TOWN) OLATHE (STATE OR COUNTRY) KS.

17. INFORMANT ROY B. BACHMAN (ADDRESS) 5300 TRACY
18. BURIAL, CREMATION, OR REMOVAL PLACE OLATHE CEM. DATE JULY 2 1938
19. UNDERTAKER D.W. NEWCOMER'S SON (ADDRESS) BRUSHCREEK & PASEO.
20. FILED 7-2 1938 M. M. Crowe, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE 30 1938
22. I HEREBY CERTIFY, That I attended deceased from 6/20 1938 to 6/30/38 1938
I last saw alive on 6/30/38 1938 Death is said to have occurred on the date stated above, at 12:45 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute pyelonephritis	6/12/38

Other contributory causes of importance: Paraplegia (5 yrs duration)

Name of operation Date of
What test confirmed diagnosis Clinical + Autopsy Was 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?
If so, specify
(Signed) M. D.
(Address) 1109 Prof Bldg

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.

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