FEB 24 1928

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

Do not use this space.

a

File No. 32558

Registered No.

1. PLACE OF DEATH

County: Wayne — Registration District No. 65

Township: Logan — Primary Registration District No. 6192

City: Patterson (No. ..... St. ..... Ward)

2. FULL NAME: Guy Bacon

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(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.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 5/20/1875

7. AGE: Years 52 | Months 5 | Days 9 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY): Ill.

PARENTS

10. NAME OF FATHER: Alfred Bacon

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Penn.

12. MAIDEN NAME OF MOTHER: Naomi Brooks

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Ill.

14. INFORMANT: .....
(Address): .....

15. FILED 2/9, 1928. Mrs. J. M. Polk, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 10/30 1927

17. I HEREBY CERTIFY, That I attended deceased from 10/15, 1927, to 10/30, 1927, that I last saw him alive on 10/20, 1927 and that death occurred, on the date stated above, at about 7:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Angina - pectoris
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Infected teeth
(duration) ..... yrs. ..... mos. ..... ds.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF: —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) G. W. Torrey, M.D.

, 19 (Address) Piedmont Mo.

*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: Woods Cemetery — DATE OF BURIAL: Oct 31 1927

20. UNDERTAKER: Yates Und. Co. — ADDRESS: Piedmont

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.