

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Jackson
 Township Leasly
 City Leasly (No. Leasly)

Registration District No. 460Primary Registration District No. 556File No. 24157Registered No. 93

St. _____

Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____

(Usual place of abode)

Ward _____

(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

F

4. COLOR OR RACE

col

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

M

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

Robert Bacon

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

1871 (about)

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

(about) 57✓✓

8. OCCUPATION OF DECEASED

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

House wife

(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)

Unknown
Mo.

10. NAME OF FATHER

Unknown (Graz)

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown
Unknown

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown
Mo.

14.

INFORMANT

(Address)

Robert Bacon
Leasly

15.

Date July 2, 1928F.M. Schick
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

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

July 2, 1928

17.

I HEREBY CERTIFY, That I attended deceased from Leasly, 1928, to July 2, 1928,
 that I last saw her alive on July 2, 1928, and that death occurred, on the date stated above, at 3:36 P.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of uterus
48
53E (duration) yrs. _____ mos. _____ da. _____

CONTRIBUTORY (SECONDARY)

Genes Cancer
 (duration) yrs. _____ mos. _____ da. _____

18. WHERE WAS DISEASE CONTRACTED

WHAT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? NO DATE OF _____WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J.P. W. Thacker, M.D.Date July 2, 1928 (Address) 1016 Woodland

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

DATE OF BURIAL

Highland Cemetery7-5-1928

20. UNDERTAKER

ADDRESS

A.B. Moore1820 E 18

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.

THIS IS A PERMANENT RECORD

