

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

Do not use this space.

9725

1. PLACE OF DEATH

County Osage Registration District No. 971
 Township Washington Primary Registration District No. 5857-13
 City (No.) St. Ward)

File No.
 Registered No. 4

2. FULL NAME

Jacey Bacon
 (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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widow of J. T. Bacon

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 3-1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 1852 May 3 13

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

9. BIRTHPLACE (CITY OR TOWN) Linn, MO
 (STATE OR COUNTRY)

PARENTS
 10. NAME OF FATHER Chesty Glover
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Fulton
 (STATE OR COUNTRY) Missouri
 12. MAIDEN NAME OF MOTHER Davis
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Fulton, MO
 (STATE OR COUNTRY)

14. INFORMANT H. M. Lusk
 (Address) Linn, Mo.

15. FILED 3-17-30 Alphonse P. ...
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 16 1930

17. I HEREBY CERTIFY, That I attended deceased from March 12, 1930, to March 16, 1930.
 that I last saw him alive on March 16, 1930, and that death occurred, on the date stated above, at 9-30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia
104
 (duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) 1010
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS J. F. Jones, M. D.
 (Signed).....

March 16, 1930 (Address) Linn 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 Linn Cemetery DATE OF BURIAL Mar. 18 1930

20. UNDERTAKER Linn Undertaker ADDRESS Linn, Mo.

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.

APR 30 1930

