

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.

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

Do not use this space ³⁵
47 ¹⁰⁰
54

23584

1. PLACE OF DEATH

County Miller
Township Balane
City Mt Pleasant (No. _____)

Registration District No. 5761
Primary Registration District No. 5755

File No. _____
Registered No. 41
St. _____ Ward) _____

FULL NAME

George Wesley Bacon
(a) Residence. No. _____ St. _____ Ward. _____
(Usual place of abode)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Mary Stephens Bacon

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May-26-1854

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
76 1 8

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) Mt Pleasant
(STATE OR COUNTRY)

10. NAME OF FATHER Ludwell Bacon
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Miller County
(STATE OR COUNTRY) Virginia
12. MAIDEN NAME OF MOTHER Julia Farris
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Virginia
(STATE OR COUNTRY)

14. INFORMANT Millard Graham
(Address) Otterville, Mo

15. FILED 7-20, 1930 Belle Haynes REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 4, 1930

17. I HEREBY CERTIFY, That I attended deceased from July 4, 1930, to July 4, 1930, that I last saw him alive on July 4, 1930, and that death occurred, on the date stated above, at 10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

191
Syst Prostration
4 hours (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH DATE OF 30

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) G. J. Walters, M. D.

, 19 (Address) Eldon 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 DATE OF BURIAL

Mt Pleasant Cem. July 6 1930

20. UNDERTAKER ADDRESS

W A Phillips Eldon, Mo

