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

Do not use this space.

25463

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis Mo (No. Masonic Inf. ..... St. ..... Ward)

File No. .....

Registered No. 7703

2. FULL NAME William W. Bacon

(a) Residence. No. 5351 Delmar St., 12 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 1 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Wm W. Bacon

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 4 - 1846

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	83	10	27	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Clerical Work
(b) General nature of industry, business, or establishment in which employed (or employer) Don't know
(c) Name of employer " "

9. BIRTHPLACE (CITY OR TOWN) " "
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Don't know

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Don't know

12. MAIDEN NAME OF MOTHER Mariah Miller

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

14. INFORMANT Wilmoth Waller
(Address) 5351 Delmar St Louis Mo

15. FILED AUG -1 1930 19 Max C Harley REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 31 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug. 4, 1929, to July 31, 1930 that I last saw him alive on July 31, 1930, and that death occurred, on the date stated above, at 11 15 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
93C
162
(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Senility
(duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Phys Ex Only
(Signed) Colon Cameron, M. D.
July 31, 1930 (Address) Metropolitan Bldg.

*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
Anderson Mo	8/1/30 19

20. UNDERTAKER	ADDRESS
Alexander & Sons	6175 Delmar

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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