

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

NOV 28 1930

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

Do not use this space.

35031

1. PLACE OF DEATH  
County Saline Registration District No. 796  
Township \_\_\_\_\_ Primary Registration District No. 3038  
City Marshall (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward) \_\_\_\_\_  
2. FULL NAME Joseph Taylor Bacon  
(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 8 - 1924  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 5 11 8  
8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work None  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Saline (STATE OR COUNTRY) Mo  
10. NAME OF FATHER Larry H Bacon  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo  
12. MAIDEN NAME OF MOTHER Marie William  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Saline Mo

14. INFORMANT Larry H. Bacon (Address) Miami, Mo.

15. FILED 10-15, 1930 Ma. Jno. H. McGuire REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 19 1930  
17. I HEREBY CERTIFY, That I attended deceased from Oct. 11, 1930, to Oct. 12, 1930, that I last saw him alive on Oct. 12, 1930, and that death occurred, on the date stated above, at 8:10 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

General peritonitis  
218  
129 (duration) yrs. mos. 3 ds.  
CONTRIBUTORY (SECONDARY) Acute appendicitis  
(duration) yrs. mos. 6 ds.

18. WHERE WAS DISEASE CONTRACTED Miami, Mo. (NOT AT PLACE OF DEATH)  
DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? \_\_\_\_\_  
WHAT TEST CONFIRMED DIAGNOSIS? Clinical diagnosis  
(Signed) W. M. Bacon, M. D.

(Address) Marshall, 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 Saline Mo. DATE OF BURIAL Oct 14 1930

20. UNDERTAKER R. M. Campese ADDRESS Marshall

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