

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.

2031

1. PLACE OF DEATH

County Macon

Registration District No. 528

Township Callas

Primary Registration District No. 4314

City Callas (No. 1)

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME

Mary Abigail 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) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 17 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 9 24

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) 235
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Wilmington Ky
(STATE OR COUNTRY) England

10. NAME OF FATHER Hornaby

11. BIRTHPLACE OF FATHER (CITY OR TOWN) England
(STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Mary Wilkes
(Address) Callas Mo

15. FILED 1/14 1931 W. H. Welch M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 10 1931

17. I HEREBY CERTIFY, That I attended deceased from April 30, 1930, to Jan 10, 1931.
that I last saw her alive on Jan 9, 1931, and that death occurred, on the date stated above, at 3:20 Am.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of stomach
116 R (Carcinoma)
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 46 R
(duration) 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 Exam

(Signed) W. H. Welch, M. D.

1/14, 1931 (Address) Callas 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

Callas I G 1-14 1931

20. UNDERTAKER ADDRESS

Perry & Son Callas

