

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.

MAY 27 1931

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

Do not use this space.

15023

1. PLACE OF DEATH

70 County Montgomery
Township Lanthe
City (No. 594)

Registration District No. 4352
Primary Registration District No. 3-78813

File No. _____
Registered No. 7
St. _____ Ward _____

2. FULL NAME

David C. Bacon
(a) Residence, No. _____ St., _____ Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Amelia Bacon</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1848</u>		
7. AGE <u>83</u>	YEARS <u>Do not know</u>	MONTHS <u>Do not know</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farming!</u>		DAYS <u>Do not know</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Do</u>		11. Total time (years) spent in this occupation <u>Life</u>
10. Date deceased last worked at this occupation (month and year) <u>Apr 15 31</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Adams Co Ohio</u>		
13. NAME <u>William Bacon</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Adams Co Ohio</u>		
15. MAIDEN NAME <u>Peletta</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>		
17. INFORMANT <u>Mrs Bertha Holtzwick</u> (ADDRESS) <u>Phineas mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Free Methodist Cem</u> DATE <u>5/2</u> 19 <u>31</u>		
19. UNDERTAKER <u>Barton Baker</u> (ADDRESS) <u>Amelia mo</u>		
20. FILED <u>4-30</u> 19 <u>31</u> <u>D. R. Pauschellbach</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 30 1931
22. I HEREBY CERTIFY, That I attended deceased from Apr 28 1931, to Apr 30 1931
I last saw him alive on Apr 30 1931. Death is said to have occurred on the date stated above, at 9 P m.
The principal cause of death and related causes of importance were as follows:

Acute Lobar Pneumonia

Date of onset
4/27/31

Other contributory causes of importance:

Infermites of old age

Name of operation none Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) D. R. Pauschellbach, M. D.
(Address) Phineas mo

