

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

8806

1. PLACE OF DEATH

82

County PikeTownship LinsowCity Cyrene

(No. _____)

Registration District No. 684Primary Registration District No. 5912

File No. _____

Registered No. 14

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____

(Usual place of abode)

St. _____

Ward _____

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

Female

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

Wm. H. Bacon

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

Aug. 8, 1859

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

7362

OCCUPATION

8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc.

House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Lincoln Co. Mo.

FATHER

13. NAME

Wilbur M. Simpson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Virginia D.

MOTHER

15. MAIDEN NAME

Elizabeth Patterson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Mo.

17. INFORMANT (ADDRESS)

Elsie Bacon Cyrene, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Antioch Cemetery 2-12-1933

19. UNDERTAKER (ADDRESS)

Grace Bonfhead Bowling Green, Mo.

20. FILED

3/10/34

1933

M. P. Sumner

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Feb. 10th., 193322. I HEREBY CERTIFY, That I attended deceased from Feb. 5th., 1933. Feb. 10, 1933.I last saw him alive on Feb. 10, 1933 Death is saidto have occurred on the date stated above, at 1:15p.

The principal cause of death and related causes of importance were as follows:

Broncho-pneumoniaDate of onset
Feb. 5
1933

Other contributory causes of importance:

Name of operation none Date of ---
What test confirmed diagnosis Physical findings 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 ---, 19Where 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)

James R. Jagg

, M. D.

(Address) Bowling Green, Missouri

