

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.

APR 24 1933

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

Do not use this space.

10830

1. PLACE OF DEATH  
County St. Charles Registration District No. 757  
Township St. Charles Primary Registration District No. 5778  
City (No. 6 miles W of St. Charles on Highway #40) Registered No. 59  
Ward   
2. FULL NAME Robert Emmett Bacon  
(a) Residence, No. 5978 Theodosha St.  Ward Wellston, Mo  
(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.

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) Feb 6, 1915  
7. AGE YEARS 18 MONTHS 1 DAYS 21 If LESS than 1 day, hrs. min.  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (newsboy) Member of Naval  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Reserve, subject to call  
10. Date deceased last worked at this occupation (month and year) Hy  
11. Total time (years) spent in this occupation Hy  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Charles, Mo  
13. NAME Earl Bacon  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Charles Co, Mo  
15. MAIDEN NAME Bessie Sheets  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery Co, Mo  
17. INFORMANT (ADDRESS) Wm H Sheets 320 S Main, St. Charles, Mo  
18. BURIAL, CREMATION, OR REMOVAL PLACE Dak Wood Cem DATE Mar 29, 1933  
19. UNDERTAKER (ADDRESS) Steinbrinkers St Charles Mo  
20. FILED 7-8 1933 W. E. Bloebaum Registrar

V MEDICAL CERTIFICATE OF DEATH  
21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 27, 1933  
22. I HEREBY CERTIFY, That I attended deceased from Earl Inquest Mar 27, 1933  
Last saw him alive on about 12:15 A 19  Death is said to have occurred on the date stated above, at 12:15 A.  
The principal cause of death and related causes of importance were as follows:  
Crush of right chest and head injury due to auto collision.  
Other contributory causes of importance: 2:10 2:00 2:01  
none  
Name of operation none Date of none  
What test confirmed diagnosis? Inquest Was there an autopsy? no  
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Accident Date of injury Mar 27, 1933  
Where did injury occur? Near St Charles Mo  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. Public place  
Manner of injury due to auto collision  
Nature of injury crush of chest and head injury  
24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify none  
(Signed) Will L Freeman M.D. M. D.  
(Address) St Charles Mo Corner of Broadway & Spruill

