

MAY 22 1933

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

Do not use this space.

13942

1. PLACE OF DEATH

County Miller
Township Saline
City Eldon (No.)

Registration District No. 561
Primary Registration District No. 5755 Δ

File No.
Registered No. 17
St. Ward)

2. FULL NAME

(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) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 29, 1933

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or min. 4

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

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) Otterville (STATE OR COUNTRY) Mo.

13. NAME Ollie Bacon

14. BIRTHPLACE (CITY OR TOWN) Miller Co (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Jessie Miller

16. BIRTHPLACE (CITY OR TOWN) Miller Co (STATE OR COUNTRY) Mo.

17. INFORMANT Ollie Bacon (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Pleasant Cem. DATE 4-3 1933

19. UNDERTAKER W A Phillips (ADDRESS) Eldon. Mo.

20. FILED 4-3 1933 Belle Haines Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 2 1933

22. I HEREBY CERTIFY, That I attended deceased from March 29 1933, to Apr 2 1933

I last saw h. or alive on Apr 2 1933 Death is said

to have occurred on the date stated above, at 2 P. m.

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

Coronary Occlusion

Date of onset Birth 3-29-33

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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?.....

If so, specify.....

(Signed) G D Walker M. D.

(Address) Eldon

3.0