

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

Do not use this space.

32101

1. PLACE OF DEATH

3 County Atchison Registration District No. 20
 2 Township Primary Registration District No. 4014
 2 City Tarkio (No., St. Ward)

File No.
 Registered No.

2. FULL NAME Sylvester Johnnie Bacon

(a) Residence, No. St. Ward. Fairfax, Mo.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 2 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) Infant
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4, 1929
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
4 3 25

OCCUPATION 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) (STATE OR COUNTRY) Missouri

FATHER 13. NAME Isaac E. Bacon

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

MOTHER 15. MAIDEN NAME Zula Mae Clark

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

17. INFORMANT I. E. Bacon
 (ADDRESS) Fairfax, Missouri.

18. BURIAL, CREMATION, OR REMOVAL PLACE Walkups Grove DATE 10/30-33, 1933

19. UNDERTAKER J. M. Davis
 (ADDRESS) Tarkio, Missouri

20. FILED 10-30, 1933 Clum Vaughn
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 29, 1933, 19
 22. I HEREBY CERTIFY, That I attended deceased from Oct-28, 1933 to Oct-29, 1933
 I last saw him alive on Oct-29, 1933 Death is said to have occurred on the date stated above, at 9:30a.
 The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia. Date of onset Oct 24/33
10-27

Other contributory causes of importance: 10/27

Name of operation Date of
 What test confirmed diagnosis? Clinical 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? no
 If so, specify
 (Signed) Clum Vaughn, M. D.
 (Address) Tarkio, Missouri.

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.

JAN 3 1934

