

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 1 2 1935

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

Do not use this space.

43777

1. PLACE OF DEATH
 County Montgomery Co. Registration District No. 594
 Township Loutre Primary Registration District No. 4001
 City Bluffton, Mo. (No. 578813) St. _____ Ward _____

File No. _____
 Registered No. 20

2. FULL NAME Amelia Bacon,
 (a) Residence, No. Bluffton, Mo. 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) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dave Bacon,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 1st 1858
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 II 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
 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) Montgomery Co.

13. NAME Norman Stiers,

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

15. MAIDEN NAME Amelia Price,

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

17. INFORMANT Virgil Zumbler
 (ADDRESS) Bluffton Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Rest Bottom DATE 12/7-1934

19. UNDERTAKER Barton Baker,
 (ADDRESS) Bluffton, Mo.

20. FILED 12-6-34 Mama Lee Thompson
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/4 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 9 1934 to Dec 4 1934
 I last saw her alive on Nov 9 1934 Death is said to have occurred on the date stated above, at 10:30 p.m.
 The principal cause of death and related causes of importance were as follows:

Interstitial Nephritis
General Debility
 Date of onset Nov 9

Name of operation _____ 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) O. R. Rauschelback M. D.
 (Address) Rhine land Mo

Frederick, 1864
Linnæus

1864
Linnæus