OCT 23 1936

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

Do not use this space.

35003

File No. 81

Registered No.

1. PLACE OF DEATH
County Miller Registration District No. 5-61
Township Saline Primary Registration District No. 5-7553
City Near Etterville (No. , St., Ward)

2. FULL NAME Unnamed Infant of Ollie Bacon

(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): —

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

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

7. AGE — YEARS | — MONTHS | — DAYS | If LESS than 1 day, hrs. or 30 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
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) Near Etterville Mo

FATHER

13. NAME Ollie Bacon
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miller Co. Mo.

MOTHER

15. MAIDEN NAME Jessie Miller
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miller Co. Mo

17. INFORMANT (ADDRESS) Mrs Ollie Bacon Etterville, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Pleasant Cem DATE 9-25 1936

19. UNDERTAKER (ADDRESS) Disposed of by Relatives

20. FILED 9-25 1936 Belle Haynes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 24 1936

22. I HEREBY CERTIFY, That I attended deceased from 9/24, 1936, to 9/24, 1936
I last saw h— alive on 9/24, 1936. 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:

| | Date of onset |
|---|---|
| Anaemia of cord | ? |
| T/B | |
| Other contributory causes of importance: Anaemia + debility of mother | ? |

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) G. L. Walker, M. D.
(Address) Elsberry Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

S. No. 2