

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

Do not use this space.

DEC 30 1936

42246

1. PLACE OF DEATH

County Randolph

Registration District No. 735

Township Hoberly

Primary Registration District No. 3034

City Hoberly

(No. Wabash Hospital)

File No. _____

Registered No. 235

St. _____ Ward _____

2. FULL NAME Harvey D. Bacon

(a) Residence, No. _____ St. _____ Ward. Gallatin, Mo.

(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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 18th, 1882

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	54	6	15	

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal & Water foreman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wabash R.R.
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Mo. (STATE OR COUNTRY)

FATHER 13. NAME Henry D. Bacon

FATHER 14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Sarah Roney

MOTHER 16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)

17. INFORMANT Mrs. H. D. Bacon (ADDRESS) Gallatin, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Gallatin, Mo. DATE 11-5th, 1936

19. UNDERTAKER Mahan and Son. (ADDRESS) Hoberly, Mo.

20. FILED 11/5-1936 Virginia C. Baker Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 19, 1936 to Nov. 3, 1936

I last saw him alive on Nov. 3, 1936. Death is said to have occurred on the date stated above, at 11:15 P.M.

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

Acute pharyngitis Date of onset 10/15

Other contributory causes of importance: Septicemia

Name of operation None Date of _____

What test confirmed diagnosis? C. & Lab. 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) Wiley E. Keeser, M. D.

(Address) Wabash Employees Hospital

Hoberly, Mo.

WHITE PAPER, 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.

