JAN 19 1938

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

Do not use this space.

1. PLACE OF DEATH

County Jasper — Registration District No. 411 — File No. 45674

Township Galena- — Primary Registration District No. 2002 — Registered No.

City Joplin (No. 1640 W. 4th St. Ward)

2. FULL NAME Belle Leona Bacon

(a) Residence, No. 1640 W. 4th St. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Calvin C. Bacon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 15, 1857

7. AGE: YEARS 80 — MONTHS 1 — DAYS 24 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home
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): Centerville, Iowa

FATHER

13. NAME: Thomas J. Fairbrother
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER

15. MAIDEN NAME: Margaret Scott
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Clyde T. Johnson, 1640 W. 4th, Joplin, Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE: Fairview DATE: 12-11-37, 19

19. UNDERTAKER (ADDRESS): Frank-Seivers Mortuary, Joplin, Missouri

20. FILED 12-11, 1937 Ed D James, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 12-9-37, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec-6, 1937, to Dec-9, 1937

I last saw her alive on 12-9-37, 19 Death is said to have occurred on the date stated above, at 7:25 P.M.

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

Cerebral Embolism — Date of onset

Other contributory causes of importance:

Chronic Endocarditis

Name of operation none 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) Dr J. M. Gray, M. D.

(Address) 333 N. Sheffendecker Joplin Mo.

WRITE PLAINLY 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.

Gray

Chitwood

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