

AUG 12 1939

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

26107

Do not use this space.

## 1. PLACE OF DEATH

- (a) County Lawrence Registration District No. 470  
(b) Township North Mt Vernon Primary Registration District No. 5633 Registered No. 94  
(c) City Mt Vernon Mo (d) Street No. \_\_\_\_\_ St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred 60 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

## 2. PRINT FULL NAME

- (a) Residence, No. 250 Mrs Alice Bacon St.  (If nonresident, give city or town and State)  
Farm Home  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Joe H Bacon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 15<sup>th</sup> 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
70 9 24

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home  
9. Industry or business in which work was done, as saw mill, bank, etc. farm  
10. Date deceased last worked at this occupation (month and year) 7/7/39 11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Granby Mo  
Newton Mo.13. NAME Thomas Garrison14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known15. MAIDEN NAME Emily Stotts16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky17. INFORMANT (ADDRESS) Joe H Bacon  
Mt Vernon Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Salem Cemetery DATE July 11<sup>th</sup> 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) Geo. Gore  
Mt Vernon Mo20. FILED July 9, 1939 P. A. Holmes Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9<sup>th</sup> 193922. I HEREBY CERTIFY That I attended deceased from July 9 1939 to July 9 1939I last saw him alive on July 9 1939 Death is said to have occurred on the date stated above, at 12:45 P.M.

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

Angina pectorisDate of onset  
7-9-39Other contributory causes of importance: 44%

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) P. A. Holmes, M. D.21 (Address) Mt Vernon Mo

RECEIVED

District Health Officer No. 6,

District File Number 839-1550

Date Filed AUG 8 1939

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision:

Signed George B. Orr

Licensed Embalmer No. 946

P. O. Address Mr. Yemon

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**