

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

Do not use this space.

17667

**1. PLACE OF DEATH**

County Cooper  
Township Bronville  
City Bronville (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 218  
Primary Registration District No. 3015

File No. \_\_\_\_\_  
Registered No. 57  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Byron P. Passon

(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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 22 - 1911

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1	
				day, _____ hrs.	or _____ min.
	<u>17</u>	<u>6</u>	<u>24</u>		

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. At Home  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Morgan County Missouri  
(STATE OR COUNTRY)

10. NAME OF FATHER G. M. Passon

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ohio  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Ada Grey

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Keokuk MO  
(STATE OR COUNTRY)

14. INFORMANT G. M. Passon  
(Address) Fortuna Mo

15. FILED May 27 1929 J. H. Smith  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 16 1929

17. I HEREBY CERTIFY, That I attended deceased from April 12 1929 to May 16 1929 that I last saw him alive on May 16 1929, and that death occurred, on the date stated above, at 2:30 p. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Septicemia from  
stitching from laceration  
of right elbow (diphtheria toxin)  
36 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 41 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Fortuna Mo  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Lab. culture  
(Signed) Alvin R. ... M. D.

5-17-1929 (Address) Bronville, Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Fortuna MO DATE OF BURIAL May 18 1929

20. UNDERTAKER Goddard Bell ADDRESS Bronville 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.

RECORD

1929 51929

