JUL 25 1927

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

Do not use this space.

17844

1. PLACE OF DEATH
County Cole Registration District No. 213- File No.
Township Primary Registration District No. 3014- Registered No. 157-
City Jefferson (No. St. Ward)

2. FULL NAME Lafayette Bacon

(a) Residence. No. 1682 W main 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Effie Bacon

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 12-25-1858

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	68	5	21	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Clothier
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

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

PARENTS

10. NAME OF FATHER Ludwell L. Bacon
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) unknown.

14. INFORMANT Mrs Effie Bacon
(Address) J.C. Mo.

15. FILED 6/17- 27. D. W. Belford REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 15 1927

17. I HEREBY CERTIFY, That I attended deceased from June 7, 1927, to June 14, 1927, that I last saw h[illegible] alive on June 14, 1927, and that death occurred, on the date stated above, at 4 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Aplastic Anaemia with Terminal Pneumonia (Lobar)
(duration) yrs. 6 mos. ds.
CONTRIBUTORY Lymph adenitis.
(SECONDARY)
(duration) 3 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? Home
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Jas. A. Hill M. D
June 16 1927 (Address) Jefferson City 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: Jefferson City Mo. | DATE OF BURIAL: 6-17 1927

20. UNDERTAKER: Chas. P. Henrichs | ADDRESS: J.C. 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.