

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

Do not use this space.

1386

1. PLACE OF DEATH

County Johnson
Township Kaw
City Kansas City (No. Research Ave)

Registration District No. 399
Primary Registration District No. 1002

File No. 410
Registered No. 410
St. _____ Ward _____

2. FULL NAME

dr Fred Bacon
(a) Residence. No. 5700 Lehigh St. B Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 3 mos. 0 ds. How long in U.S., if of foreign birth? yrs. _____ mos. _____ ds. _____
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 10 1898

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
29 3 1

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

9. BIRTHPLACE (CITY OR TOWN) Omaha
(STATE OR COUNTRY) neb

10. NAME OF FATHER J. P. Bacon

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

12. MAIDEN NAME OF MOTHER Edith Leopold

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Omaha
(STATE OR COUNTRY) neb

14. INFORMANT J. P. Bacon
(Address) Omaha neb

15. Jan 30 1928 M. M. Crowe
REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 30 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 24 1927 to Jan 24 1928 that I last saw him alive on Jan 9 1928, and that death occurred, on the date stated above, at 9 33 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
General Infection
Yellowing
11th rib (duration) yrs. 3 mos. 15 ds.
CONTRIBUTORY Arterial degeneration
(SECONDARY) 154 B (duration) yrs. 3 mos. 15 ds.

18. WHERE WAS DISEASE CONTRACTED 11th rib
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? P. M. McCann M. D.

(Signed) _____
(Address) 1014 S. Maple

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Omaha neb DATE OF BURIAL Jan 31 1928

20. UNDERTAKER John Wagner ADDRESS 1409 Grand Ave

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.

Dr. J. A. B. B. B.

1014 Argyle Bldg

9 30 AM

Dr. J. A. B. B.