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

Do not use this space.

9771

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No. 1275
City Kansas City (No. St. Luke's Hospital St. Ward)

2. FULL NAME Langston Bacon
(a) Residence. No. 836 West 62nd 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Martha E. Bacon

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 20, 1849

7. AGE: Years 83 — Months 10 — Days 2 — If LESS than 1 day, ..... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): Boonville
(STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: Robert Bacon
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Frankfort
(STATE OR COUNTRY): Kentucky
12. MAIDEN NAME OF MOTHER: Amanda Hayden
13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): Kentucky MO

14. INFORMANT: Langston M. Bacon Jr.
(Address) 619 West 67th St.

15. FILED 3-24 1933 M. M. Crowe asst REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 22 1933

17. I HEREBY CERTIFY, That I attended deceased from 2-18-33, 19..., to 3-22, 1933 that I last saw him alive on 3-22, 1933, and that death occurred, on the date stated above, at 7:30P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchial pneumonia
Acute nephritis
(duration) yrs. mos. 10 ds.
CONTRIBUTORY (SECONDARY): Acute myelogenous
Leukaemia (duration) yrs. mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) R. C. Griffith, M.D.
3/23, 1933 (Address) 1225 Realty Bldg.

*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~~: Mt. Washington Cemetery — DATE OF BURIAL: March 25 1933
20. UNDERTAKER: Stine & McClure — ADDRESS: 3235 Gillham Plaza

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.

JAN 6 1945