

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

PLACE OF DEATH

County New Madrid
Township Lafayette
or
Village _____
or
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 602 File No. 10263
Primary Registration District No. 5798 Registered No. 14

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Ruth May Bailey

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	COLOR OF RACE <u>white</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>Single</u> (Write the word)
DATE OF BIRTH <u>Feb - 9 1912</u> (Month) (Day) (Year)		
AGE <u>1</u> yrs. <u>8</u> mos. <u>5</u> ds. IF LESS than 1 day, ____ hrs. or ____ min.?		
OCCUPATION (a) Trade, profession, or particular kind of work <u>Infant</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>0</u>		
BIRTHPLACE (City or town, State or foreign country) <u>Couran Mo.</u>		
PARENTS	NAME OF FATHER <u>Joshua L Bailey</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Caldwello Ky.</u>	
	MAIDEN NAME OF MOTHER <u>Elizabeth Humphrey</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Brown andburg Ky.</u>	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Joshua Bailey</u> (ADDRESS) <u>Couran Mo.</u>		
Filed <u>Mar 31 1912</u> <u>W A Sibley</u> REGISTRAR		

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar - 15 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from X, 191X, to ✓, 191X, that I last saw h. ✓ alive on ✓, 191X, and that death occurred, on the date stated above, at X h q n.

The CAUSE OF DEATH* was as follows:
Child not attended
Malformed infant
Exact Cause unknown
157.1 (Duration) ____ yrs. 1 mos. 5 ds.

Contributory (SECONDARY) _____ (Duration) ____ yrs. ____ mos. ____ ds.

(Signed) W A Sibley - Registrar M. D.
Mar 16 1912 (Address) Marion Mo.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.

Where was disease contracted if not at place of death? _____

Former or usual residence _____

PLACE OF BURIAL OR REMOVAL <u>New Hope</u>	DATE OF BURIAL <u>Mar 16 1912</u>
UNDERTAKER <u>Jim Cahy</u>	ADDRESS <u>Couran Mo.</u>

