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

Do not use this space.

16789

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis, Mo (No. Frisco Hospital St. ..... Ward)

File No. .....

Registered No. 4732

2. FULL NAME George Bailey

(a) Residence. No. 4909 college ave Kansas city Mo 12
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Divorced ~~Married~~

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
About 50			

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Switchman.

(b) General nature of industry, business, or establishment in which employed (or employer) Railroad.

(c) Name of employer Frisco R.R.

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

PARENTS

10. NAME OF FATHER Alonzo Bailey.

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

12. MAIDEN NAME OF MOTHER Mary Stout

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

14. INFORMANT Mrs H. M. Kerns (sister)
(Address) 4909 College ave – Kansas City, Mo

15. FILED MAY 20 1927 19 Max C Starkloff REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 19, 1927

17. I HEREBY CERTIFY, That I attended deceased from Jan 19, 1927, to May 19, 1927, that I last saw him alive on May 19, 1927, and that death occurred, on the date stated above, at 4:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of stomach 122 B

44 A (duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) Intestinal obstruction (duration) yrs. mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? Kansas city, Mo

DID AN OPERATION PRECEDE DEATH? yes DATE OF Jan 26, 1927

WAS THERE AN AUTOPSY? no.

WHAT TEST CONFIRMED DIAGNOSIS? specimen at time of operation removed from stomach and examined.

(Signed) James A. Forsen, M. D

19 (Address) 4960 Laclede.

*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 Kansas City Mo.

DATE OF BURIAL 5/22 1927

20. UNDERTAKER Newcomer Und Co

ADDRESS Kansas City Mo.