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

Do not use this space: 27036

1. PLACE OF DEATH
County Henry — Registration District No. 347
Township — Primary Registration District No. 3018
City Clinton (No. ..... St. ..... Ward) — File No. ..... Registered No. 105

2. FULL NAME Mary Evelyn Bailey

(a) Residence. No. ..... 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.

OCT 2 1927

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 1, 1926

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	1	5	20	

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

9. BIRTHPLACE (CITY OR TOWN) Near Mt. Zion
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Jas. L. Bailey
11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Clair Co
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Mary Johnson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Davis Co
(STATE OR COUNTRY) Missouri

14. INFORMANT Jas L Bailey
(Address) Clinton Mo

15. Filed Sept 21, 1927 Dr. E. C. Peelor, Registrar
by JJ.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 21st 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept 17th, 1927, to Sept 20, 1927, that I last saw h.. alive on Sept 20th, 1927, and that death occurred, on the date stated above, at 3 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Sclero-Colitis
119B

(duration) ..... yrs. 1½ mos. ..... ds.

CONTRIBUTORY (SECONDARY) 113B

(duration) ..... yrs. ..... mos. ..... ds.

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

(Signed) Robt. D. Vaurs, M. D
, 19 (Address) Clinton 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	DATE OF BURIAL
Dunning Cemetery	9/22 1927
20. UNDERTAKER	ADDRESS
Sims-Wilkinson Co	Clinton, 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.

FILL OUT WITH STANDING INKLESS IS PERMANENT RECORD