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

Do not use this space.

33030

1. PLACE OF DEATH
County: Clinton
Township: Hardin
City: ..... (No. ..... St. ..... Ward)

Registration District No. 208
Primary Registration District No. 5288

File No. 7
Registered No. .....

1928

2. FULL NAME: Martha 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Black
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July-9-1860

7. AGE: Years 67 | Months 3 | Days 24 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Clay Co Mo

PARENTS
10. NAME OF FATHER: Alfred Trailer
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Clay Co Mo
12. MAIDEN NAME OF MOTHER: Eliza Brooks
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Clay Co. Mo.

14. INFORMANT: Mrs. Henry Hawkins
(Address) Trimble Mo

15. FILED 1-5, 1928 Mrs J. A. Clarke
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov-3-1927

17. I HEREBY CERTIFY, That I attended deceased from Oct 21, 1927, to Nov 3, 1927, that I last saw her alive on Nov 2, 1927, and that death occurred, on the date stated above, at 8-30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
11A Influenza
106A
..... (duration) ..... yrs. ..... mos. 15 ds.

CONTRIBUTORY (SECONDARY): Acute Bronchitis
..... (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) J. F. Rupe, M. D.
11-7, 1927 (Address) Smithville Mo. R.R. 2

*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: Colored Cem. near Mecca
DATE OF BURIAL: Nov-6-1927

20. UNDERTAKER: W. H. Rollins
ADDRESS: Edgerton

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.

PERMANENT RECORD