

MAR 2 1 1928

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

3986

1. PLACE OF DEATH

County BatesRegistration District No. 53File No. 11Township Rich HillPrimary Registration District No. 3005Registered No. 11City Rich Hill(No. 119)West Park AveSt. Rich Hill Ward

2. FULL NAME

James Elot Bailey(a) Residence, No. 119 W Park Ave St. Rich Hill

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. 10 mos.da. How long in U.S., if of foreign birth? — yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jeanette E King-Bailey6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 27th 18427. AGE YEARS 85 MONTHS 2 DAYS 11 If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Farmer(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) Knox County, Indiana

10. NAME OF FATHER

John Bailey

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Don't Know

12. MAIDEN NAME OF MOTHER

Don't Know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Don't Know

14.

INFORMANT Wm H Harris
(Address) Rich Hill, Mo

15.

FILED Feb 26 1928 James Allen REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 27th 192817. I HEREBY CERTIFY, That I attended deceased from 2/16 1928, to 2/27 1928
(that I last saw him alive on 2/26 1928, and that death occurred, on the date stated above, at 10:38 A m.)

THE CAUSE OF DEATH* WAS AS FOLLOWS:

11A
101. D. Influenza
112
(duration) _____ yrs. _____ mos. 2 da.

CONTRIBUTORY (SECONDARY)

Arteriosclerosis & Atherosclerosis
(duration) _____ yrs. 4 mos. — da.

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. P. Shaffer, M. D.2/29 1928 (Address) Rich Hill, 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

Shenbourn Feb 29 1928

20. UNDERTAKER

ADDRESS

H. E. Baughman Rich Hill, 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.

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