

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

Do not use this space.

8864

**1. PLACE OF DEATH**

County Jackson  
Township Jean  
City JF

Registration District No. 399  
Primary Registration District No. 1002  
(No. 3117 Highland)

File No. 59  
Registered No. 1026  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Miss Nellie E Bailey

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. Hartford Conn  
(Usual place of abode)

Hartford Conn  
(If nonresident give city or town and State)

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

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 10<sup>th</sup> 1858

7. AGE: YEARS 69 MONTHS 2 DAYS 20 If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work at Home  
(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) Conn

10. NAME OF FATHER Wm Bailey

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER Katherine O'Dailey

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Ireland

14. INFORMANT Hannah E Bailey (Address) Hartford Conn

15. FILED 37 1928 M H Crowe REGISTRAR West

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 7 1928

17. I HEREBY CERTIFY That I attended deceased from March 4, 1928, to March 7, 1928 that I last saw her alive on March 7, 1928, and that death occurred, on the date stated above, at 6:30 P m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Apoplexy  
82A (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
CONTRIBUTORY Arteriosclerosis (SECONDARY) (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED 74A IF NOT AT PLACE OF DEATH: \_\_\_\_\_  
DID AN OPERATION PRECEDE DEATH: \_\_\_\_\_ DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Chetom's Donald (Signed) \_\_\_\_\_, M.D.  
37, 1928 (Address) 1139 Chelo Bay

\*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 Hartford Conn DATE OF BURIAL 3/8/28 1928

20. UNDERTAKER H. J. Mayberry No ADDRESS H C 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.

