

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

Do not use this space.

16194

1. PLACE OF DEATH

County Buchanan Registration District No. 85
 Township St Joseph Primary Registration District No. 1001
 City St Joseph (No. 2815 Rate Gate)

File No.
 Registered No. 574
 St. Word)

2. FULL NAME

(a) Residence. No. 2815 Gate St., Ward.
 (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. 0 mos. 0 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 14 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 | 2 | 22

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Flagman
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Wichitan
 (STATE OR COUNTRY) England

PARENTS

10. NAME OF FATHER Danders Bailey

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Mrs Nellie Thornycroft
 (Address) Chicago, Ill

15. MAY 8 1928
 FILED J. M. S. W. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 6 19 28

17. I HEREBY CERTIFY, That I attended deceased from May 2 1928, to May 6 1928 that I last saw him alive on May 6 1928, and that death occurred, on the date stated above, at 10:30 P.M.

THE CAUSE OF DEATH* AS FOLLOWS:

Chr. Myocarditis
930

CONTRIBUTORY (SECONDARY) Arterio Sclerosis
General
 (duration) 1 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? no DATE OF

20. WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? Clinical
5/8 (Signed) H. H. H. H. M. D.
 , 1928 (Address) Kulb. Bldg. 2d. fl. for 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.

21. PLACE OF BURIAL, CREMATION, OR REMOVAL Belmont Cemetery DATE OF BURIAL May 9, 1928
Wathena, Kansas
 22. UNDERTAKER Fleming Funeral Home ADDRESS 1208 Francis

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.

