

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

Do not use this space.

16472

**1. PLACE OF DEATH**

County Cass  
Towship Grand River  
City Harrisonville (No. \_\_\_\_\_)

Registration District No. 156  
Primary Registration District No. 4090

File No. \_\_\_\_\_  
Registered No. 37  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Perry 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 45 yrs. mos. \_\_\_\_\_ ds. \_\_\_\_\_ How long in U.S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Della M. Bailey

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 27 - 1862

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. \_\_\_\_\_ min.  
66 4 3 =

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Retired Grocer  
(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) Leavenworth Ind.

**10. NAME OF FATHER**

John R. Bailey

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) New York

**12. MAIDEN NAME OF MOTHER**

Louisa Benham

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) Indiana Iowa

**14.**

INFORMANT Mrs. Della Bailey  
(Address) Harrisonville Mo

**15.**

FILED 5/30 28 D. S. Long

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-30 1928

17. I HEREBY CERTIFY, That I attended deceased from July 13 1928, to May 30 1928, that I last saw him alive on May 30 1928, and that death occurred, on the date stated above, at 3:30 p. m.

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

Chronic Bright disease

**CONTRIBUTORY (SECONDARY)**

**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) \_\_\_\_\_

5/30 28

(Address) Harrisonville 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**

Oakland Cemetery

6/1 1928

**20. UNDERTAKER**

**ADDRESS**

Runnenburgs Bros Co. Harrisonville Mo.

K. 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.

1954-1955