

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

Do not use this space.

28108

**1. PLACE OF DEATH**

County Remond Registration District No. 45-5  
 Township Patton Primary Registration District No. 3-7-3  
 City St. Louis (No. 45-5-3) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 2  
 Registered No. 744

**2. FULL NAME**

Ellen J. Bailey  
 (a) Residence. No. Green 3<sup>rd</sup> St. St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 35 yrs. mos. \_\_\_\_\_ da. How long in U.S., if of foreign birth? yrs. mos. \_\_\_\_\_ da.

(If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 10 - 1857

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.	
				<u>71</u>	<u>6</u>

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) New Plymouth  
 (STATE OR COUNTRY) Ark

PARENTS

10. NAME OF FATHER Anderson Wright

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Columbia  
 (STATE OR COUNTRY) South Carolina

12. MAIDEN NAME OF MOTHER Eliza Herrington

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Waverly  
 (STATE OR COUNTRY) Ill

14. INFORMANT J. L. Harrison  
 (Address) \_\_\_\_\_

15. FILED 9-8-28 Alberson  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-20-1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1928, to Aug - 19, 1928, that I last saw h. w. r. alive on Aug 19, 1928, and that death occurred, on the date stated above, at 3:00 PM - 20 m.

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

Dysphasia

CONTRIBUTORY (SECONDARY) 10  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

18. WHERE WAS DISEASE CONTRACTED at home  
 IF NOT AT PLACE OF DEATH, \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH. NO DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS Micro  
 (Signed) T. J. Cooper, M. D.  
Carolina, 19 (Address) Coaler 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 Coater DATE OF BURIAL 8-20-1928

20. UNDERTAKER Herman Underberg ADDRESS \_\_\_\_\_

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.

