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

Do not use this space.

31695

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 8931

City St Louis (No. ..... St. ..... Ward)

2. FULL NAME William Clay Bailey

(a) Residence. No. 4244A Cook Ave. St., 11 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 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: Negro
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Lucile C. Bailey

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mar. 22, 1881

7. AGE: Years 47 | Months 5 | Days 10 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Waiter
(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): Cherokee Ala

PARENTS

10. NAME OF FATHER: George Bailey
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: Lucile C Bailey
(Address) 4244A Cook Ave

15. FILED SEP -4 1928 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept 1st 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 21st, 1928, to Sept 1st, 1928, that I last saw him alive on Sept 1, 1928, and that death occurred, on the date stated above, at 7:15 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Perinephritic Abcess, non Tubercular cause unknown
416
133A
(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY): Carcinoma Peritoneum
In definite
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? Yes. Abdominal Cavity only
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) Thos. A. Lewis, M. D
9/4, 1928 (Address) 2901 Market St

*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: Washington Pk. | DATE OF BURIAL: 9/5 1928

20. UNDERTAKER: J. C. Thomas | ADDRESS: 311 Laclede

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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Dr. Lewis
Sept 1, 7³⁷ Pm.