CT 27 [illegible]

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

Do not use this space.
33389

1. PLACE OF DEATH
County Johnson Henry
Township Tebo
City Leeton, (No. Rt. 17. St. Ward)
Registration District No. 349
Primary Registration District No. 5467
File No.
Registered No.

2. FULL NAME Lyman Lee Bailey

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3-5-1926

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

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Leeton,
(STATE OR COUNTRY) Mo. Rt. 17

PARENTS
10. NAME OF FATHER H. H. Bailey
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Leeton
(STATE OR COUNTRY) Mo. Rt. 17.
12. MAIDEN NAME OF MOTHER Minnie B. Robbins
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Leeton
(STATE OR COUNTRY) Mo.

14. INFORMANT Mrs. H. H. Bailey
(Address) Leeton, Mo. Rt. 17.

15. FILED ....., 19..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-8-1928

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to 10-8-, 1928 that I last saw h.i.m. alive on 10-8-, 1928, and that death occurred, on the date stated above, at 6.45 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Dysentery Acute
136 160 (duration) yrs. mos. 3 ds.
CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) [illegible], M. D.
18 (Address) Leeton

*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
Inglewood Cem Clinton	10-9-1928
20. UNDERTAKER	ADDRESS
Julian L. Wallace	Leeton

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.

[illegible] PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

1. PLACE OF DEATH

County Henry — Registration District No. 349 — File No.

Township Leto — Primary Registration District No. 3487 — Registered No. 10

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

2. FULL NAME Lyman Lee Bailey

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

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3-5-1926

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
	2	4	23	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Leeton
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER W. W. Bailey
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Leeton
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Mina B. Robbins
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Leeton
(STATE OR COUNTRY) Mo

14. INFORMANT Mrs W. W. Bailey
(Address) Leeton Mo Rt 1

15. FILED Oct 31, 1928 A A Gray REGISTRAR

SUPPLEMENTARY

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-8-1928

17. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to 10-8-1928, that I last saw h[illegible] alive on 10-6-1928, and that death occurred, on the date stated above, at 6:45 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Dysentery acute
(duration) ... yrs. ... mos. 3 ds.

CONTRIBUTORY (SECONDARY) ...
(duration) ... yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED —
IF NOT AT PLACE OF DEATH? ...
DID AN OPERATION PRECEDE DEATH? no. DATE OF ...
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? —
(Signed) E. G. Dare, M. D
, 19 (Address) Leeton

*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
Inglewood Cem. Clinton	10-9-1928

20. UNDERTAKER	ADDRESS
Juliand L. Wallace	Leeton

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