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

Do not use this space.

3864

1. PLACE OF DEATH

County: Prospect Hill — Registration District No. 791

Township: — Primary Registration District No. 1003

City: — (No.) Westminster Hospital — St. — Ward

File No.

Registered No. 472

2. FULL NAME James Bailey

(a) Residence, No. 318 Lindell St., 8 Ward. Prospect Hill Mo

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

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ella Bailey

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 7th 1893

7. AGE YEARS	MONTHS
36	9

[redacted]

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(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) Louisiana

PARENTS

10. NAME OF FATHER Bailey

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) unknown

12. MAIDEN NAME OF MOTHER "

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) "

(STATE OR COUNTRY) "

14. INFORMANT Ella Bailey

(Address) 318 Lindell - Prospect Hill

15. FILED 1929 Chas C. Wilkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 2nd 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov. 7, 1928 to Jan 2 1929 that I last saw him alive on Jan 2, 1929, and that death occurred, on the date stated above at 6:35 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

(Immediate) Pulmonary Edema

3 days (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Carcinoma of Bladder

& Rt Kidney (duration) yrs. 2 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? No

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm A. Kingsley, M. D.

, 19 (Address) Westminster Hospital

*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 Greenwood — DATE OF BURIAL 1-14 1929

20. UNDERTAKER Gatts Funeral Home — ADDRESS 4107 Finney

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.

THIS IS A PERMANENT RECORD