

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

Do not use this space.

7373

33

**1. PLACE OF DEATH**

County New Madrid  
 Township.....  
 City New Madrid (No.....)

Registration District No. 604  
 Primary Registration District No. 23802

File No. ....  
 Registered No. ....  
 St. .... Ward)

**2. FULL NAME**

Hattie Bailey  
 (a) Residence. No..... St..... Ward.....  
 (Usual place of abode)

Length of residence in city or town where death occurred 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) Single

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓

7. DATE OF BIRTH (MONTH, DAY AND YEAR) 1926 Feb 21

8. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
3 5

**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) Filbourn  
 (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Walter Bailey

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Monroe La.  
 (STATE OR COUNTRY) Ill.

12. MAIDEN NAME OF MOTHER Bessie M. Hume

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

14. INFORMANT Walter Bailey  
 (Address) New Madrid Mo

15. FILED 2/27/29 W. B. Cannon  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 26 1929

17. I HEREBY CERTIFY, That I attended deceased from....., 19....., to....., 19....., that I last saw h. or alive on Feb 26, 1929, and that death occurred, on the date stated above, at 9:30 a. m.

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

Profusely Septicemic  
Died with our medical attention (duration)..... yrs..... mos..... da.

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH..... DATE OF.....

20. WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS (Signed) W. B. Cannon M.D.  
727, 1929 (Address) Co Health Dept

\*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

Superior Ice Ridge Cemetery Feb 27 1929

20. UNDERTAKER ADDRESS Richards and Co, New Madrid

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.

MAR 25 1929

