APR 30 1929

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

Do not use this space.

1. PLACE OF DEATH
County: Pemiscot — Registration District No.: 655 — File No.: 11773
Township: Cooter — Primary Registration District No.: 4392 — Registered No.:
City: Steele (No. ..... St. ..... Ward)

2. FULL NAME: Walter D. 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: 19 yrs. 6 mos. 18 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, ~~MARRIED, WIDOWED OR DIVORCED (write the word)~~: Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
19	6	18	

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

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9. BIRTHPLACE (CITY OR TOWN): Steele
(STATE OR COUNTRY): Pemiscot Co, Mo.

PARENTS
10. NAME OF FATHER: W. T. Bailey
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Caruthersville
(STATE OR COUNTRY): Mo
12. MAIDEN NAME OF MOTHER: Millie P. McNay
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Steele
(STATE OR COUNTRY): Mo

14. INFORMANT: W. T. Bailey
(Address): Steele Mo

15. FILED ..... 19..... Max P. Kelley, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 3 — 11 — 1929

17. I HEREBY CERTIFY, That I attended deceased from 1 — 1 — 1928, to 3 — 11 — 1929, that I last saw him alive on 3 — 10 — 1929, and that death occurred, on the date stated above, at 11 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
(duration) ..... yrs. 10 mos. ..... ds.

CONTRIBUTORY (SECONDARY) 31
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? X
DID AN OPERATION PRECEDE DEATH? no. DATE OF X
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? sputum
(Signed) 3 — 14 — 1929
3-31-, 1929 (Address) L. E. Cooper M.D.

*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: Upper Cooter
DATE OF BURIAL: 3-13 1929

20. UNDERTAKER: German Mind Co
ADDRESS: Steele Mo

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 PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD