MAY 28 1929

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

Do not use this space.

15481

1. PLACE OF DEATH
County: Jasper — Registration District No. 1846
Township: Redlinger — Primary Registration District No. 5510
City: Joplin Mo (No. ..., ... St. ... Ward)

File No. ...
Registered No. 7

2. FULL NAME: Mrs. Delia Jane Bailey
(a) Residence. No. Redlinger Well St., ... 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: Fem.
4. COLOR OR RACE: Wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: J. H. Bailey

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 15 1870

7. AGE: Years 58 — Months 6 — Days 27 — If less than 1 day, ... hrs. or ... min.

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

9. BIRTHPLACE (CITY OR TOWN): New York
(STATE OR COUNTRY): New York

PARENTS
10. NAME OF FATHER: Mike Costello
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Ireland
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Catherine Lee
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): No Kiaus
(STATE OR COUNTRY)

14. INFORMANT: Mrs. B. F. Page
(Address): Redlinger Well

15. FILED: 4-15, 1929 — J. W. Thurman, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Apr. 12 1929

17. I HEREBY CERTIFY, That I attended deceased from April 1, 1929, to April 12, 1929, that I last saw her alive on April 12, 1929, and that death occurred, on the date stated above, at ... p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Embolus
(duration) ... yrs. ... mos. ... ds.
CONTRIBUTORY (SECONDARY): Bright's Disease
(duration) ... yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Home
DID AN OPERATION PRECEDE DEATH? ... DATE OF ...
WAS THERE AN AUTOPSY? ...
WHAT TEST CONFIRMED DIAGNOSIS? ...
(Signed) A. Mitchel Gregg, M. D.
4-13, 1929 (Address) Joplin Mo

*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: Springfield Mo — DATE OF BURIAL: April 13 1929
20. UNDERTAKER: Frank-Reaves Co — ADDRESS: Joplin 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.

WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD