

APR 30 1929

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

Do not use this space.

15580

1. PLACE OF DEATH

County Greene
Township Rolla
City Rolla (No.)

Registration District No. 677
Primary Registration District No. 4403

File No.
Registered No. 42
St. Ward

2. FULL NAME

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

Ang. C. Bailey

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 28 - 1894

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
34 11 15

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

9. BIRTHPLACE (CITY OR TOWN) Marion Co
(STATE OR COUNTRY) Mo

10. NAME OF FATHER A. R. Shockley

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Margaret Piden

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

14. INFORMANT W. C. Bailey
(Address) Belle, Mo.

15. FILED 4-17, 1929 Geo. F. Ayer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 15 19 29

17. I HEREBY CERTIFY, That I attended deceased from 4/13-24, 1929, to 4/15, 1929, and that I last saw h. 4/15 alive on 4/15, 1929, and that death occurred, on the date stated above, at 9:35 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Purposed Septic following abortion
1 1/2 Internal hemorrhages
1448 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 36 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? Yes DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) W. H. McFarland M. D.

, 19 (Address) Rolla, 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

DATE OF BURIAL

Near Belle, Mo.

April 17 1929

20. UNDERTAKER

ADDRESS

Null & Dicklizer

Rolla, 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.

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