

JUN 23 1929 *Brenner*

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

Do not use this space.

18709

1. PLACE OF DEATH

County *Livingston*
Township
City *Chillicothe* (No.)

Registration District No. *508*
Primary Registration District No. *3026*

File No.
Registered No. *62*
St. Ward)

2. FULL NAME *Margie M Bailey*

(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)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Single*

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Aug 27-1872*

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
56 8 28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. *Invalid*
(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) *Mo.*

10. NAME OF FATHER *Gas. M. Bailey*

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

12. MAIDEN NAME OF MOTHER *Margaret Dobbin*

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

14. INFORMANT *Mrs. W. Shanklin*
(Address) *Trenton Mo.*

15. FILED *5/27, 1929* *Reuben Barney* REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *May 25 1929*

17. I HEREBY CERTIFY, That I attended deceased from *May 18 1929* to *May 25 1929* that I last saw *her* alive on *May 25 1929* and that death occurred, on the date stated above, at *10:00 p.m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Cerebral Hemorrhage from apoplexy from hypertension

CONTRIBUTORY (SECONDARY) *Primary Cerebral Hemorrhage Hypertension* (duration) *4* yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DATE OF

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Masonic*

DATE OF BURIAL

May 27 1929

20. UNDERTAKER

Hejison Funeral Home ADDRESS *Trenton 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.

PERMANENT RECORD

252

PARENTS

