

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

Do not use this space.

34197

1. PLACE OF DEATH

County Jefferson
Township Joachim
City Festus (No.)

Registration District No. 43-1
Primary Registration District No. 4249

File No.
Registered No. 114 Ward

2. FULL NAME Josephus Bailey

(a) Residence. No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 47 yrs. mos. 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 8, 1847

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ... hrs. or min.
82 0 20

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Fireman
(b) General nature of industry, business, or establishment in which employed (or employer) Glass Worker
(c) Name of employer Pittsburgh Plate Glass Co.

9. BIRTHPLACE (CITY OR TOWN) Danby
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Henry Bailey
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Danby
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Renfro
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Illinois
(STATE OR COUNTRY)

14. INFORMANT Mrs. Zollie M. Creamy
(Address) 4517 Harris St. St. Louis Mo.

15. FILED 10/30/29 J. E. Rutledge REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) October 28th 1929

17. I HEREBY CERTIFY, That I attended deceased from October 15th, 1929, to October 28, 1929 that I last saw him alive on October 28, 1929, and that death occurred, on the date stated above, at 9:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic valvular heart disease
92A

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.

19. DID AN OPERATION PRECEDE DEATH? no DATE OF.

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Chas. E. Brady D.O.
Oct. 28, 1929 (Address) Festus, 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 Festus Mo DATE OF BURIAL Oct 30 1929

20. UNDERTAKER Duester & Vinyard ADDRESS Festus Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

