

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

A. 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.

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

Do not use this space.

9566

1. PLACE OF DEATH

County Mississippi
Township St. James
City (No.)

Registration District No. 5267
Primary Registration District No. 5763

File No.
Registered No. 25
St. Ward)

2. FULL NAME

Lulu Bailey

(a) Residence. No. 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

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

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

John Bailey

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

2/26-1885

7. AGE

YEARS 45

MONTHS

DAYS

27

IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer) 1
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Mississippi, Co mo

10. NAME OF FATHER

V. R. Calhoun

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Ky

12. MAIDEN NAME OF MOTHER

Melinda Tackett

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Ky

14. INFORMANT

(Address) John Bailey, 6021 Priches mo.

15. FILED

3/23, 1930 Loeffler Hodges
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 23 1930

17.

I HEREBY CERTIFY, That I attended deceased from March 16, 1930, to March 23, 1930, that I last saw her alive on March 22, 1930, and that death occurred, on the date stated above, at 1:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) E. J. Martin, M. D.

, 19 (Address) 6021 Priches 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

Dogwood

DATE OF BURIAL

3/24 1930

20. UNDERTAKER

Ironshelby

ADDRESS

6021 Priches mo

