

JUN 28 1930

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

Do not use this space.

16778

1. PLACE OF DEATH

County Miller
Township Richwoods
City Paris

Registration District No. 562
Primary Registration District No. 5757

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Selia Belle 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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April-7-1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
47 1 23

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Clayby P.O.
(STATE OR COUNTRY) Osage Co., Mo.

10. NAME OF FATHER Laton Burlingame

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

12. MAIDEN NAME OF MOTHER Fathima Holloway

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

14. INFORMANT Robert L. Bailey
(Address) Paris, Mo.

15. FILED June 10 1930 W. H. Van Gremm
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 30 1930

17. I HEREBY CERTIFY, That I attended deceased from May 28, 1930, to May 30, 1930, that I last saw him alive on May 29, 1930, and that death occurred, on the date stated above, at 10:18 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Epilepsy

85 (duration) some years yrs. mos. ds.

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) W. H. Van Gremm, M. D.
57 30, 1930 (Address) Paris, 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

Janett Cemetery

DATE OF BURIAL

5/31 1930

20. UNDERTAKER

C. L. Casey

ADDRESS

Paris

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.

