

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

Do not use this space.

19927

PLACE OF DEATH

County Lewis

Township Canton

City Canton

Registration District No. 477

Primary Registration District No. 4286

File No. 28

Registered No. 28

St. 1

Ward 2

2. FULL NAME

(a) Residence. No. 1

(Usual place of abode)

St. 1

Ward 2

(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

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

Keiss

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

May 8 - 1866

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or min.

64

1

4

8. OCCUPATION OF DECEASED

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

Retired

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Woodworth County

(STATE OR COUNTRY)

West Virginia

10. NAME OF FATHER

Abraham Bailey

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

unknown

12. MAIDEN NAME OF MOTHER

unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

unknown

14.

INFORMANT

(Address)

Mrs. William Bailey
Canton Mo

15.

FILED

6-19, 1930

H. W. Harris
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

June 12 1930

17.

I HEREBY CERTIFY, That I attended deceased from

May 31, 1930

to June 12, 1930

that I last saw him alive on June 11, 1930 and that death occurred, on the date stated above, at 3:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pernicious anemia

CONTRIBUTORY (SECONDARY)

(duration) 2 yrs.

mos.

ds.

(duration) 1 yr.

mos.

ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No. DATE OF No.

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS?

Physical Examination
H. W. Harris M. D.

(Signed)

. 19

(Address)

Canton 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

Forest Grove

June 14 1930

20. UNDERTAKER

ADDRESS

F. D. Kelly

Canton Mo

