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

Do not use this space.

23926

AUG 26 1930

1. PLACE OF DEATH
County Pulaski Registration District No. 714
Township Roubidoux Primary Registration District No. 3944
City ..... (No. ....., ... St. ..... Ward)

File No. 2
Registered No. 10

2. FULL NAME Preston Thomas 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. ..... da. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
male	white	married

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Emma Hough Bailey

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 21 1866

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ... hrs. or ..... min.
	64	2	23	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Mercer Co,
(STATE OR COUNTRY) Penn.

PARENTS

10. NAME OF FATHER C. K. Bailey
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Penn
12. MAIDEN NAME OF MOTHER Mary A. Brawley
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Penn

14. INFORMANT Emma Bailey
(Address) Bloodland, Mo

15. FILED 7/17, 1930 S. G. Koonce
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 14, 1930

17. I HEREBY CERTIFY, That I attended deceased from July 1, 1930, to July 14, 1930, that I last saw him alive on July 14, 1930 and that death occurred, on the date stated above, at 10 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Tuberculosis, Pulmonary

23A

..... (duration) 1 yrs. 8 mos. ..... da.

CONTRIBUTORY (SECONDARY) .....

..... (duration) ..... yrs. ..... mos. ..... da.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 0

DID AN OPERATION PRECEDE DEATH? no DATE OF 0

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) C. C. Mallett, M. D

7-14-, 1930 (Address) Crocker 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
Bloodland Cemetery	7-15-1930.
20. UNDERTAKER	**ADDRESS**
C. B. Vaughan	Bloodland 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.