

NOV 3 1930

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

Do not use this space.

1. PLACE OF DEATH

County Shelby
Township East
City Shelbina (No. _____ St. _____ Ward _____)Registration District No. 839Primary Registration District No. 609File No. 3728854

Registered No. _____

2. FULL NAME

William Bell 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

M

4. COLOR OR RACE

W

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

married

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

Sarah Wood

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

Oct 28 1864

7. AGE

65

YEARS

10

MONTHS

3

DAYS

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

8. OCCUPATION OF DECEASED

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

Abstract & Insurance

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Monroe Conn

10. NAME OF FATHER

Tim Bailey

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ky

12. MAIDEN NAME OF MOTHER

Sallie Staley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Don't know

14.

INFORMANT

(Address)

Wood L Bailey
Shelbina Mo

15.

FILED

19

Oct 30
Mudge L. Brock
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Aug 31 - 1930

17.

I HEREBY CERTIFY, That I attended deceased from Oct 18 to Oct 31, 1930, that I last saw him alive on Oct 31, 1930, and that death occurred, on the date stated above, at 11 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Chronic infective Myocarditis
11/3
7:30

CONTRIBUTORY (SECONDARY)

Presumably now attack of Flu (duration) yrs. 10 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IS NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OFWAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. O. Smith M. D., 19 (Address) Shelbina 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

1000 F. C. M.Sept 2 1930

20. UNDERTAKER

ADDRESS

Hayes & Shubins

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.

