

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.

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

Do not use this space.

DEC 29 1930

38286

1. PLACE OF DEATH

County Sullivan
Township Duncan
City ~~Duncan~~ (No.)

Registration District No. 929
Primary Registration District No. 6121

File No.
Registered No. 12
St. Ward)

2. FULL NAME John Milton Bailey

(a) Residence. No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 48 yrs. 8 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 Mattie Jane (Johnson) Bailey

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 26, 1842

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or min.
87 11 20

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) Waynesburg,
(STATE OR COUNTRY) Pennsylvania.

10. NAME OF FATHER Eli Bailey
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Union Co. Tenn.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Elizabeth Patton
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Union Co. Tenn.
(STATE OR COUNTRY)

14. INFORMANT Herbert C. Bailey
(Address) Browning, Mo.

15. FILED 11-18, 1930 J. H. Rogers
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 15 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 10, 1930, to Nov 15, 1930 that I last saw him alive on Nov 10, 1930, and that death occurred, on the date stated above, at 8:30 9 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Angina Pectoris

94 A (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH...

0 DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) W. H. Hanning, M. D.

11/15, 1930 (Address) Browning, 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

W. H. Hanning
20. UNDERTAKER W. H. Hanning ADDRESS Browning, Mo.
W. H. Hanning

James C.

Reed