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

Do not use this space.

41640

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis Mo. (No. City Hospital #2 St. ..... Ward)

File No. .....

Registered No. 82

2. FULL NAME Millard Bailey

(a) Residence. No. 1711 Taylor St., 11 Ward.
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 27 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: Col

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12-13-1902

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
28	0	17	

8. OCCUPATION OF DECEASED

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

(b) General nature of industry, business, or establishment in which employed (or employer): Taxi-Cab Business

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Mo.

PARENTS

10. NAME OF FATHER: Robert Bailey

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Miss

12. MAIDEN NAME OF MOTHER: Mary Whitfield

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Miss

14. INFORMANT: A. Gertrude Creat
(Address) City Hospital #2

15. FILED JAN -3 1931 Mary C. Hardin
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-30-1930

17. I HEREBY CERTIFY, That I attended deceased from 9-23-1930, to 10-30-1930, that I last saw h. 12 alive on 12-30-1930, and that death occurred, on the date stated above, at 8 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Unknown

(duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Clinical-X-Ray-Lab

(Signed) Henry C. Hampton M. D.

12-30-1930 (Address) City Hosp. #2

*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: Washington Park

DATE OF BURIAL: Jan. 3 1931

20. UNDERTAKER: G. W. Bruce

ADDRESS: 10034 Garrison

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.