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

Do not use this space.

1815

File No. 1815
Registered No. 10

1. PLACE OF DEATH
County Jefferson — Registration District No. 420
Township Valley — Primary Registration District No. 30 1 1
City DeSoto (No. ..... St. ..... Ward)

2. FULL NAME Dudley Bailey
(a) Residence. No. 102 E 3rd St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
M.	W.	School Boy

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 13 1924

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	6	8	11	

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

9. BIRTHPLACE (CITY OR TOWN) Potosi
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Dudley Bailey
11. BIRTHPLACE OF FATHER (CITY OR TOWN) St Clair
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Worthy Harper
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St Louis Mo
(STATE OR COUNTRY)

14. INFORMANT Dudley Bailey
(Address) 102 E 3rd St

15. FILED 1/31, 1931 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 24 5:30 A.M. 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 23, 1931, to Jan 24, 1931, that I last saw h.. alive on Jan 24, 1931, and that death occurred, on the date stated above, at 9 30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

10 Diphtheria

..... (duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (SECONDARY) 10 (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) David Ford, M. D.
Jan 24 1931 (Address) DeSoto 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
Woodlawn Cemetery	Jan 25 1931
20. UNDERTAKER	ADDRESS
Richardson Mothershead	DeSoto Mo.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.