

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.

5139

**1. PLACE OF DEATH**

36 County Franklin Registration District No. 297  
 6 Township Washington Primary Registration District No. 2016  
 City Washington (No. St. Francis Hospital) Registered No. 37 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Mary Anna Mosby Brown Bailey

(a) Residence, No. Dundee, Missouri St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 14th, 1872

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	58	7	12	

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) Kansas City /  
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME Allen Irvin Brown

14. BIRTHPLACE (CITY OR TOWN) Boles  
 (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Mary Louise Virginia Perkins

16. BIRTHPLACE (CITY OR TOWN) Boles  
 (STATE OR COUNTRY) Missouri

17. INFORMANT Miss Frankie Bailey  
 (ADDRESS) Dundee, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Family Plot DATE 3-1- 1931

19. UNDERTAKER Otto & Co.  
 (ADDRESS) Washington, Mo.

20. FILED Feb 28 1931 O. L. Munnich  
 Registrar

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2 - 26 - 1931

22. I HEREBY CERTIFY, That I attended deceased from 2 - 17 - 1931 to 2 - 26 - 1931

I last saw her alive on 2 - 26 - 1931. Death is said to have occurred on the date stated above, at 9:30 A.M.

The principal cause of death and related causes of importance were as follows:

Cholecystectomy. Date of onset 2/17/31

Other contributory causes of importance:  
Shock, with Dilatation of Heart 2/25/31

Name of operation Cholecystectomy Date of 2-17-31

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify \_\_\_\_\_

(Signed) O. L. Munnich, M. D.  
 (Address) Washington, Mo.

