

20514
in this space

1. PLACE OF DEATH: County Bates
Township Malvern Registered No. 10 831
or
City _____ No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Louise Augusta 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.
Was deceased ever a member of the Army, Navy, or Marine Corps of the United States? _____
If so, state Organization _____ Rank _____ Period of service _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 J. M. Bailey

6. DATE OF BIRTH (month, day, and year) July 11-1834

7. AGE Years 96 Months 11 Days 27 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinning, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laundry

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Athens, Ohio (State or country) Ohio

13. NAME Fredie Carpenter

14. BIRTHPLACE (city or town) Courtsville (State or country) Ohio

15. MAIDEN NAME Winkler

16. BIRTHPLACE (city or town) Winkler (State or country) Ohio

17. INFORMANT Burtha E. Dosselt (Address) 204 N. 2nd St. Malvern, Mo.

18. BURIAL, CREMATION, OR REMOVAL Place Antioch Date June 29, 1931

19. UNDERTAKER W. A. Green (Address) 204 N. 2nd St. Malvern, Mo.

20. FILED June 29, 1931 H. A. Rhoades Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sunday June 28, 1931

22. I HEREBY CERTIFY, That I attended deceased from 13th May, 1931 to 28th June, 1931. I last saw him alive on 28th June, 1931, death is said to have occurred on the date stated above at 11 a.m.

The principal cause of death and related causes of importance in order of onset were as follows:
Arterio Sclerosis about 1926

Contributory causes of importance not related to principal cause:
97

Name of operation _____ Date of _____
What test confirmed diagnosis Clinical Was there an autopsy? _____
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? No
If so, specify David E. Green (Signed) Pleasanton, Kansas M. D.
(Address) _____

JUL 22 1931 13-5841-5

Exact statement of OCCURRENCE. See page 1 of 1. be properly classified.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthma, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries. Examples:

EXAMPLE I

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

<i>Arteriosclerosis</i>	Date of onset
<i>Chronic interstitial nephritis</i>	1915
<i>Cerebral hemorrhage</i>	1921
	July 6, 1927

Contributory causes of importance not related to principal cause:

<i>Fracture of arm</i>	
<i>Automobile accident</i>	May 3, 1927

EXAMPLE II

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

<i>Attack of epilepsy</i>	Date of onset
<i>Run over by street car</i>	1 week ago
<i>Peritonitis</i>	1 week ago
	3 days ago

Contributory causes of importance not related to principal cause:

<i>Influenza</i>	6 weeks ago
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In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in each of the above examples happens to be the second cause given.

ADDITIONAL SPACE FOR FURTHER STATEMENT BY PHYSICIAN