

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

Do not use this space.

25127

**1. PLACE OF DEATH**

County Jackson Registration District No. 309 File No. \_\_\_\_\_  
 Township Kear Primary Registration District No. 1002 Registered No. \_\_\_\_\_  
 City Kennett (No. Kennett City Union High) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Bailey Ernest J.  
 (a) Residence. No. Exp 5000 Mt. St. X 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. 3 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 Ethel Bailey

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9-24-1906

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
24 9 24

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) Blue Springs  
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Elmer Bailey

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Blue Springs  
 (STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Mary Wheeler

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Blue Center  
 (STATE OR COUNTRY) Missouri

14. INFORMANT Reese G. G. G.  
 (Address) Kennett City, Mo.

15. FILED 7/31 M. M. Crowe  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-19-1931

17. I HEREBY CERTIFY, That I attended deceased from 7-15- 1931, to 7-19- 1931.  
 that I last saw him alive on 7-19- 1931, and that death occurred, on the date stated above, at 5:08 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Pulmonary + Meningeal Tuberculosis

23 15 (duration) yrs. mos. ds.  
 CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS  
 (Signed) P. E. Williams, M. D.  
7-19, 1931 (Address) Gen Hosp. 112 E 2nd

\*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 Blue Springs DATE OF BURIAL 7-21-1931

20. UNDERTAKEN Carson Undertaking Co. ADDRESS Blue Springs

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.

