SEP 26 1931

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

Do not use this space.

29010

1. PLACE OF DEATH
County Pemiscot
Township Little Prairie
City ~~Countermille~~ (No. ..... , ... St. ..... Ward)
Registration District No. 651
Primary Registration District No. 5862
File No. .....
Registered No. 112

2. FULL NAME Leonard 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Not Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 1930
7. AGE YEARS 0 MONTHS 10 DAYS 7 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
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) (STATE OR COUNTRY) Black Oak Ark

FATHER
13. NAME W. C. Bailey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

MOTHER
15. MAIDEN NAME Nora Payne
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

17. INFORMANT (ADDRESS) W. C. Bailey Countermille, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Dry Bayou DATE 8-17- 1931
19. UNDERTAKER (ADDRESS) Friends Dry Bayou Mo.
20. FILED Sept 17 1931 Ada Martin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug-16- 1931
22. I HEREBY CERTIFY, That I attended deceased from Aug 14, 1931, to Aug 16, 1931
I last saw him alive on Aug 16, 1931. Death is said to have occurred on the date stated above, at 7 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Amebic Dysentery	
13A 13A	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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 .....
(Signed) [signature], M. D.
(Address) Carrie Dunsville Mo