

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

Do not use this space.

29048

1. PLACE OF DEATH

County Pitts
Township Sedalia
City Sedalia (No. Portsmouth Hosp.)

Registration District No. 668
Primary Registration District No. 2932

File No. 243
Registered No. 243
St. Mo. Ward 2

2. FULL NAME

(a) Residence, No. Bates city mo. St. Mo. Ward 2
(Usual place of abode)

Length of residence in city or town where death occurred ys. mos. ds. How long in U. S., if of foreign birth? ys. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 25 1865

7. AGE YEARS 66 MONTHS 4 DAYS 2 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
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) Ohio

13. NAME Thos. Bailey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Ellen Ewing

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT Emma Bailey (ADDRESS) Bates city mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bates city DATE 8/19

19. UNDERTAKER W. L. Love (ADDRESS) Sedalia mo

20. FILED 8-28-1931 Registrar W. L. Love

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 27, 1931

22. I HEREBY CERTIFY, That I attended deceased from body, 1931, to 1931

I last saw h. alive on, 1931 Death is said to have occurred on the date stated above, at m.

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

Traumatic from automobile accident
2:10 PM
Date of onset

Other contributory causes of importance:

Name of operation 210 Date of 210
What test confirmed diagnosis? 210 Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 8-27, 1931

Where did injury occur? near store mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

On highway
Manner of injury Automobile turned over

Nature of injury fracture of skull

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

(Signed) W. L. Love Registrar, M. D.
(Address) Sedalia mo

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.

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

SEP 25 1931

