

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

Do not use this space.

1. PLACE OF DEATH

County St. Charles
Township
City St. Charles (No.)

Registration District No. 757
Primary Registration District No. 5998

35481
File No.
Registered No. 155 St. Ward)

2. FULL NAME

George Bailey
(a) Residence, No. B.R.# 4 St. Ward.
(Usual place of abode)
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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 19 - 1929

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or min.
1 6 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
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) Brunswick, Ill.

13. NAME Harold Bailey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles, Mo.

15. MAIDEN NAME Mary Yatskov

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) White House, Ill.

17. INFORMANT (ADDRESS) Harold Bailey, 1700 S. 1st St., St. Charles, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grove Cemetery DATE Oct 20, 1931

19. UNDERTAKER H. J. Hallenbeck, 1100 S. 1st St., St. Charles, Mo.
(ADDRESS)

20. FILED 10/20, 1931 H. B. Bloebaum
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 18, 1931

22. I HEREBY CERTIFY, That I attended deceased from October 18, 1931, to October 18, 1931

I last saw him alive on October 18, 1931. Death is said to have occurred on the date stated above, at 8:45 P. m.

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

Pneumonia (Bronchial)
9/19/31
10/7/31
Other contributory causes of importance:
Whooping Cough
and Gastro-enteritis

Name of operation Date of
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? no

If so, specify
(Signed) B. P. Wentker, M. D.
(Address) St. Charles, 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

98 1831

