

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

Do not use this space.

41511

**1. PLACE OF DEATH**

County Macon  
Township Lalata  
City..... (No.....)..... St..... Ward.....

Registration District No. 532  
Primary Registration District No. 5711

File No.....  
Registered No. 24

**2. FULL NAME**

Chas Ed Bailey

(a) Residence, No..... 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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Harriett Bailey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 22 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
69 89

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) Missouri

13. NAME Hugh Bailey

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

15. MAIDEN NAME Mary Ann

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

17. INFORMANT (ADDRESS) Mrs. M. D. Logan

18. BURIAL, CREMATION, OR REMOVAL PLACE Lalata DATE Dec 24, 1931

19. UNDERTAKER (ADDRESS) D. J. Christie  
Lalata Mo

20. FILED Dec 24, 1931 E. H. Buckley  
Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 22, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 28, 1931, to Dec 22, 1931

I last saw him alive on Dec 22, 1931. Death is said to have occurred on the date stated above, at 10:40 m.

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

Diabetes Mellitus:  
59  
98  
57  
Congestive:

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?.....

If so, specify H. O. Newton, M. D.

(Signed) H. O. Newton, M. D.  
(Address) Lalata Mo.

MARGIN RESERVED FOR BINDING

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

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.

