

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.

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

Do not use this space.

1724

1. PLACE OF DEATH
County Macon Registration District No. 532
Township Laplata Primary Registration District No. 4318
City Laplata (No. St. Ward)

2. FULL NAME James Milton 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) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 22 / 1839

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
92 5 1

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

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) Ohio (STATE OR COUNTRY) 2

13. NAME John Bailey

14. BIRTHPLACE (CITY OR TOWN) Madison (STATE OR COUNTRY) 157

15. MAIDEN NAME Dont know

16. BIRTHPLACE (CITY OR TOWN) Dont know (STATE OR COUNTRY) 31

17. INFORMANT J. H. Bailey (ADDRESS) 1 Cedar Rapids Iowa

18. BURIAL, CREMATION, OR REMOVAL
PLACE Laplata DATE Jan 26 1932

19. UNDERTAKER D. S. Christie (ADDRESS) Laplata Mo

20. FILED Jan 26 1932 C. H. Buckley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 23 1932

22. I HEREBY CERTIFY That I attended deceased from Jan. 20. 1932 to Jan. 23. 1932
I last saw him alive on Jan. 23. 1932 Death is said to have occurred on the date stated above, at 1.00 a.m.
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis Date of onset

93-93C

Other contributory causes of importance: ①

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
(Signed) C. H. Buckley M. D.
(Address) Laplata Mo.

