

MAR 28 1932

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

Do not use this space.

5216

1. PLACE OF DEATH  
53 County LACLEDE Registration District No. 449  
2 Township \_\_\_\_\_ Primary Registration District No. 4267  
6 City LEBANON (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

2. FULL NAME Frank E. BAILEY  
(a) Residence, No. COUNTY JAIL 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) SINGLE

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) \_\_\_\_\_

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. About 50

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

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) Not Known 31

13. NAME Not Known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

15. MAIDEN NAME Not Known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT (ADDRESS) Joe Jones Lebanon Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE ELDONA, IOWA DATE Feb 18 1932

19. UNDERTAKER (ADDRESS) Palmer Lebanon

20. FILED 2/20 1932 J. M. Ballou Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEB 17 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 14 1932 to Feb 17 1932  
I last saw him alive on Feb 17 1932 Death is said to have occurred on the date stated above, at 8 P. M.  
The principal cause of death and related causes of importance were as follows:  
lobar Pneumonia  
108  
Other contributory causes of importance: ①

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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? yes  
If so, specify \_\_\_\_\_  
(Signed) Primum M. D.  
(Address) Lebanon Mo

