

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.

MAY 28 1932

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

Do not use this space.

7830

1. PLACE OF DEATH
 25 County Clinton Registration District No. 207
 Township Clinton Primary Registration District No. 5-287
 City..... (No..... St..... Ward.....)

File No. 19
 Registered No. 53

2. FULL NAME Allie Gertrude 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 59 yrs. 6 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 12 - 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 6 2

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housekeeping
 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) Clinton Co Mo

FATHER
 13. NAME John H. Bailey

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

MOTHER
 15. MAIDEN NAME Lucie Lema

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

17. INFORMANT (ADDRESS) J. H. Bailey

18. BURIAL, CREMATION, OR REMOVAL PLACE by funeral DATE Mar 16 1932

19. UNDERTAKER (ADDRESS) W. W. Winer

20. FILED 29 1932 C. W. Chastane Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 14 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 25 1931, to Mar 14 1932
 I last saw her alive on Mar 12 1932. Death is said to have occurred on the date stated above, at 1:45 P.M.

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

Chronic Intestinal
regulation

Date of onset

Other contributory causes of importance:
131

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) J. H. Purpel M. D.
 (Address) St. Louis Mo

