

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.

JUN 22 1932

18882 - a

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

Do not use this space.

18882 a

1. PLACE OF BIRTH

15 County Cass
Township Adair
City Clinton Springs (No.)

Registration District No. 118
Primary Registration District No. 5169

File No.
Registered No. 45
St. Ward)

2. FULL NAME

(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) —

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 8 - 1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 16

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

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) Clinton Springs, Mo

13. NAME Honey Bailey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cassden, Co Mo

15. MAIDEN NAME Bertha Pate

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cassden Co Mo

17. INFORMANT (ADDRESS) Harry Bailey

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenhidge DATE June 26, 1932

19. UNDERTAKER (ADDRESS) J. J. Welch (acting)

20. FILED 10/24 Helen M. Jackson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 26, 1932

22. I HEREBY CERTIFY That I attended deceased from June 24th 1932 to June 24th 1932

I last saw him alive on June 24th 1932. Death is said to have occurred on the date stated above, at 9 P. m.

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

Malformation of the Bile Duct Date of onset 6/10/32

1570 1570

Other contributory causes of importance:

Name of operation ① 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) G. D. Myers, M. D.
(Address) MacKee Creek, Mo

