

AUG 22 1932

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

Do not use this space.

22227

1. PLACE OF DEATH

County Coas

Registration District No. 157

File No. 7

Township

City Pleasant Hill

Primary Registration District No. 4091

Registered No. 21

St. _____ Ward _____

2. FULL NAME

Hammie E 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

F

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

M

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

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

Dec 6 1861

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

70

6

29

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.

Own home

10. Date deceased last worked at this occupation (month and year)

June 1932

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Mo

FATHER

13. NAME

Henry Waldman

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

Ill

MOTHER

15. MAIDEN NAME

Henny Sublet

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

Ky

17. INFORMANT (ADDRESS)

Charles S Bailey

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Pleasant Hill

DATE

July 6 1932

19. UNDERTAKER (ADDRESS)

W. W. Taylor

20. FILED

July 5 1932

F. V. Murray M.D.

Registrar

MEDICAL CERTIFICATE OF DEATH

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

July 4 1932

22. I HEREBY CERTIFY, That I attended deceased from

June 26 1932 to July 4 1932

I last saw her alive on July 4 1932 Death is said

to have occurred on the date stated above, at 9:30 a.m.

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

Angina Pectoris

Date of onset

Jan 1932

Other contributory causes of importance:

Benign Hypertension

arterio-sclerosis

Unknown

Name of operation

Date of

What test confirmed diagnosis?

Physical

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? No

If so, specify

(Signed)

L. J. Murray

M. D.

(Address)

Pleasant Hill, Mo.

