

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.

AGE 35 1922

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

Do not use this space.

1. PLACE OF DEATH

57 County Linn
Township Morgan
City Winfield (No. 36522)

Registration District No. 19
Primary Registration District No. 19

23303 194
File No. 194
Registered No. 194
St. 194 Ward 194

2. FULL NAME

(a) Residence. No. 194 St. 194 Ward 194
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 10, 1842

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
89 11 11 11 11 11

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Retired jeweler
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Vermont
(STATE OR COUNTRY) Illinois 2

10. NAME OF FATHER Thomas Bailey

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't know 31
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't know
(STATE OR COUNTRY)

14. INFORMANT M. E. Bailey
(Address) 4608 Madison St. Chicago Ill

15. FILED July 11, 1932 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 10, 1932

17. I HEREBY CERTIFY, That I attended deceased from July 6, 1932 to July 10, 1932
that I last saw him alive on July 10, 1932, and that death occurred, on the date stated above, at 4:30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis, Hyper-
9321 tension

18. WHERE WAS DISEASE CONTRACTED old age (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) old age (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED at home (duration) yrs. mos. ds.

IF NOT AT PLACE OF DEATH at home

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical Examination

(Signed) J. J. Altvater, M. D.

, 19 1932 (Address) Winfield MO

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Vermont, Illinois July 12, 1932

20. UNDERTAKER ADDRESS

David L. Fobush Winfield, Mo.

