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.

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

Do not use this space.

30479

File No. 6138

Registered No. 3138

1. PLACE OF DEATH

County ..... Registration District No. .....

Township ..... Primary Registration District No. .....

City St Louis Mo. (No. City Hospital #2 St. ..... Ward)

2. FULL NAME Francis Bailey

(a) Residence, No. 5049 (Raymond St., 12 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Unk yrs. – mos. – ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): married

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

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

7. AGE: Years: abt 65 | Months: – | Days: – | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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.: Nurse 217
10. Date deceased last worked at this occupation (month and year): Unk
11. Total time (years) spent in this occupation: Unk

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

FATHER

13. NAME: unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

MOTHER

15. MAIDEN NAME: unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

17. INFORMANT: Mr Gertrude Heath
(ADDRESS): City Hospital #2

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Washington Mo. DATE: Sept 8th, 1932

19. UNDERTAKER: Charles J. Gates
(ADDRESS): 4107 Forney Avenue

20. FILED: SEP 8 1932, 19 ..... Wm C Harkey, Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 9-5-, 1932

22. I HEREBY CERTIFY, That I attended deceased from 8-5, 1932 to 9-5-, 1932

I last saw him alive on 9-5-30, 1932. Death is said to have occurred on the date stated above, at 8 a.m.

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

	Date of onset
93C	
127.13	
Chronic Myocarditis	

Other contributory causes of importance: ① 9th

Cholecystitis 1 8 C

Name of operation ..... Date of .....

What test confirmed diagnosis? Unk 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) [illegible], M. D.

(Address) City Hospital #2