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

Do not use this space.

1. PLACE OF DEATH
County Bates — Registration District No. 50 — File No. 38313
Township — Primary Registration District No. 3004 — Registered No. 71
City Butler (No. Memorial Hospital St. Ward)

2. FULL NAME Miss Mabel Bailey

(a) Residence, No. Foster Mo 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
female	white	single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Don't Know

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
21	Don't Know			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 234
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) Bates Co Mo

FATHER
13. NAME J. W Bailey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME Louise Carpenter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Mrs Jessie Doolittle Rte 2 Butler Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Park Hill DATE Dec 4 1932

19. UNDERTAKER Culver's (ADDRESS) Butler Mo

20. FILED Dec 3 1932 Nina L Culver Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... 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
Killed by train. Injuries received Dec. 1, 32. Fractured skull, broken ribs and never regained consciousness.	
Corones Inquest Dec. 2, 32	
Other contributory causes of importance: Car struck by train on R R Crossing	
lived 12 hours.	
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? Accident Date of injury Dec. 1 19.....
Where did injury occur? 4 miles south Butler Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Crossing R.R. tracks of Mo Pacific
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify.....

(Signed) C. M. Rice Coroner Bates Co., Mo., M. D.
(Address) Butler, Mo.

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.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD