

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.

38366

1. PLACE OF DEATH

County Bates

Registration District No. 59

Township One Oak

Primary Registration District No. 5083

City One Oak

(No. 5083)

File No. 45

Registered No. 45

St. One Oak Ward One Oak

2. FULL NAME

Miss Annette Bailey

(a) Residence, No. One Oak

St. One Oak

Ward One Oak

(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

Female

4. COLOR OR RACE

White

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

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.

30

Don't know

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.

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. Missouri

FATHER

13. NAME

J. W. Bailey

MOTHER

15. MAIDEN NAME

Louise Carpenter

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

Ohio

17. INFORMANT (ADDRESS)

Mrs. Jesse Doolittle
One Oak

18. BURIAL, CREMATION, OR REMOVAL

PLACE

One Oak

DATE

Dec 31

1932

19. UNDERTAKER (ADDRESS)

Chapman

20. FILED

IN

1932

FILE

32

FILE

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FILE

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MEDICAL CERTIFICATE OF DEATH

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

December 1, 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 10:10 AM

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

Killed instantly on R.R. crossing

ing. Fractured skull, internal

injuries and held Coroners

inquest Dec. 2, 32

Accidental death - Car struck by

Other contributory causes of importance: train as it

crossed tracks

206

(5)

Name of operation None

What test confirmed diagnosis? Bo

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident

Where did injury occur? 4 miles south Butler

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

R.R. crossing of Mo Pacific

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Coroner Bates Co., Mo.

(Address) Butler, Mo.

JAN 13 1950