

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.

JAN 23 1933

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

Do not use this space.

39067

1. PLACE OF DEATH

County DeKalb

Registration District No. 260

Township Colfax

Primary Registration District No. 5362

City (No.)

St. Ward

2. FULL NAME John Marsh 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 23 1861

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 60 11 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) DeKalb Co. Mo.

13. NAME Levi Bailey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York State

15. MAIDEN NAME Melissa Riley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York State

17. INFORMANT Miss Avi Bailey (ADDRESS) Maysville Mo

18. BURIAL, CREMATION, OR REMOVAL Oak Lawn, Maysville DATE 12/8th 32

19. UNDERTAKER U.G. Pilcher (ADDRESS) Maysville Mo

20. FILED 12-8 19 32 Winifred W. Moser Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec-6, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 11, 1932, to Dec-6, 1932

I last saw him alive on Dec 6, 1932. Death is said to have occurred on the date stated above, at 11¹⁵ a.m.

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

Angina Pectoris Date of onset

Other contributory causes of importance:

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? 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) M.S. Gale, M. D.

(Address) Oak Lawn Mo

