

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 24 1933

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

Do not use this space.

40315

1. PLACE OF DEATH

50 County Jefferson
Township Clinton
City Danby (No.)

Registration District No. 421
Primary Registration District No. 5576

File No.
Registered No. 84
St. Ward)

2. FULL NAME

George J. Bailey

(a) Residence, No. St. Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 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) Oct 12, 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 1 19

OCCUPATION 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) Danby mo.

FATHER 13. NAME Leander Bailey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Danby mo.

MOTHER 15. MAIDEN NAME Cathryn Jennings

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT (ADDRESS) Ella Bailey Danby - mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Barrel Cem. DATE Dec 4, 1932

19. UNDERTAKER (ADDRESS) Wm F. Barnhart Crystal City, Mo.

20. FILED 12/2 1932 J. E. Rutledge Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 1 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 24 1932, to Nov. 30 1932

I last saw him alive on Nov. 30 1932 Death is said to have occurred on the date stated above, at 8:30 A.M.

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

Undulant (Malta) Fever Date of onset 11/16/32

Other contributory causes of importance: ①

Name of operation none Date of -

What test confirmed diagnosis? Lebrosity Was there an autopsy? no

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

Accident, suicide, or homicide? - Date of injury -

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? yes

If so, specify Possibly, being exposed to dust

(Signed) John T. Rutledge M. D.

(Address) Crystal City, Mo.

