

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

Do not use this space.

5550

1. PLACE OF DEATH

County Franklin
Township Franklin
City Franklin

Registration District No. 384

Primary Registration District No. 3835

File No. 14

Registered No.

St. _____ Ward)

2. FULL NAME

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX fe 4. COLOR OR RACE WHT 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCT 2-1927

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
5 4 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chief
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) South Ark, Mo.

13. NAME Felix Bailey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) South Ark, Mo.

15. MAIDEN NAME Adriana

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

17. INFORMANT (ADDRESS) Frank Bailey, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Home DATE 2-4- 1933

19. UNDERTAKER (ADDRESS) McGowan's, Mo.

20. FILED 2-13- 1933 O. A. Kemmich Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-3- 1933

22. I HEREBY CERTIFY, That I attended deceased from February 2 1933, to Feb-3- 1933

I last saw h. fe alive on February 2 1933 Death is said

to have occurred on the date stated above, at 12:00 m.

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

Diphtheria, Laryngeal
10 10
Date of onset 2/1/33

Other contributory causes of importance:

Name of operation None Date of None

What test confirmed diagnosis? Microscopic 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 _____ 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) R. B. Brown M. D.

(Address) Franklin, Mo.

33,713
5-18-22
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