

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.

9146

PLACE OF DEATH

County Henry

Registration District No. 314

File No. 4

Township St. Louis

Primary Registration District No. 419.0

Registered No.

City St. Louis (No.)

St. Ward

2. FULL NAME Samuel Lowry 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 W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Stella Bailey Deceased

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 27-1874

7. AGE YEARS 58 MONTHS 5 DAYS 6 If LESS than 1 day, hrs. min.

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

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 lifetime

12. BIRTHPLACE (CITY OR TOWN) Andrew (STATE OR COUNTRY) MO

13. NAME John Bailey

14. BIRTHPLACE (CITY OR TOWN) Frank (STATE OR COUNTRY)

15. MAIDEN NAME Sarah Jane Brown

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

17. INFORMANT Mrs. Jennie Kimbrell (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL St. Louis PLACE Highway DATE 3/4 33

19. UNDERTAKER L. G. Phillips (ADDRESS) St. Louis

20. FILED 3/3 33 C. S. Bernick Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw him alive on , 19 . Death is said

to have occurred on the date stated above, at 9:39 a.m.

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

acute dilation of heart

Other contributory causes of importance: 1513

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?

If so, specify

(Signed) Dr. C. J. Pray Corona

(Address) Albany MO

Dr. C. J. Pray Albany N.Y.