

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

JUN 20 1933

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

Do not use this space.

1. PLACE OF DEATH

11 County Buchanan
5 Township St. Joseph Mo
9 City Robert Bailey (No.)

Registration District No. 85
Primary Registration District No. 1001
Mo. Methodist Hospital

File No. 15782
Registered No. 513
St. Ward)

2. FULL NAME

(a) Residence, No. 605 N. 5th 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 Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown 1866
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 ? ?

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor
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) Columbia Mo.

13. NAME Clover Bailey

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

15. MAIDEN NAME Sarah Williams

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

17. INFORMANT Lydia Christian (Sister) (ADDRESS) Columbia Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cem DATE 5-20-33

19. UNDERTAKER B. F. Graves Funeral Home (ADDRESS) 806 S 17th S

20. FILED MAY 18 1933 John N. Shuler Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16, 1933

22. I HEREBY CERTIFY That I attended deceased from May 13, 1933 to May 16, 1933.
I last saw him alive on May 16, 1933. Death is said to have occurred on the date stated above, at 1:30 P.
The principal cause of death and related causes of importance were as follows:

Apoplexy
hypertension
hypertension
Other contributory causes of importance: 34

Date of onset 5/12/33

Name of operation Date of
What test confirmed diagnosis? Wassermann 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) Charles Greenberg, M. D.
(Address) Dr. K. Neg

