

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 23 1933

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

17045

1. PLACE OF DEATH

County LewisRegistration District No. 477Township 1Primary Registration District No. 428-60City Canton (No. 428-6)File No. 23Registered No. 23St. Ward 2. FULL NAME Oscar Claude 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 Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Johnson
Mary Bailey7. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 15 18618. YEARS 71 MONTHS 5 DAYS 21 If LESS than 1 day, hrs. or min.9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Day Laborer

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 12. BIRTHPLACE (CITY OR TOWN) Marion County (STATE OR COUNTRY) Massachusetts13. NAME James Bailey14. BIRTHPLACE (CITY OR TOWN) Marion County (STATE OR COUNTRY) Massachusetts15. MAIDEN NAME Margaret Bailey16. BIRTHPLACE (CITY OR TOWN) Marion County (STATE OR COUNTRY) Massachusetts17. INFORMANT Mrs. M. Bailey (ADDRESS) Canton, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Canton, Mo. DATE May 5, 193319. UNDERTAKER Ed. H. Bailey (ADDRESS) Canton, Mo.20. FILED 5-8, 1933 N. W. Harris, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6, 193322. I HEREBY CERTIFY, That I attended deceased from May 1, 1933 to May 6, 1933I last saw him alive on May 5, 1933 Death is saidto have occurred on the date stated above, at 3:30 pm.

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

Coronary infarction Date of onset 95 B75 B

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?

If so, specify (Signed) L. B. H. H. H.(Address) Canton, Mo.

