

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.

25292

1. PLACE OF DEATH

County SchuylerRegistration District No. 805Township LancasterPrimary Registration District No. 4484City Lancaster(No. 10)St. Mo.Ward 10

2. FULL NAME

(a) Residence, No. 2

(Usual place of abode)

St. Mo.Ward 10

(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

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widow

6A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND-OF (OR) WIFE OF

A.C. Bailey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

June 13 - 1948

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

8515

OCCUPATION

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

At home

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)

Louisville Ky

13. NAME

Samuel Knott

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

144

15. MAIDEN NAME

Sarah E. Gates

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

Ga.

17. INFORMANT (ADDRESS)

Mrs. R. W. Briggs Lancaster Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE J.O.O. 7. AmDATE July 30, 1933

19. UNDERTAKER (ADDRESS)

Jno. A. Roberts Lancaster Mo

20. FILED

July 22, 1933 A.A. Justico Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

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

July 18, 1933

22. I HEREBY CERTIFY That I attended deceased from o

May 14, 1933, to July 18, 1933I last saw him alive on July 18, 1933 Death is saidto have occurred on the date stated above, at 11:55 p.m.

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

Date of onset

Tortic Collar
194 B
64 B
194 B

Other contributory causes of importance:

Possible Fracture of
Apophyseal Nerve Right
femur

Name of operation none Date ofWhat test confirmed diagnosis? net Was there an autopsy? no

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

Accident, suicide, or homicide Accident Date of injury May 14, 1933Where did injury occur? Street, Lancaster, Mo

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Public Place
Public Fracture right Hip

Manner of injury Fracture Anterior Med femur

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) A. J. Drake(Address) Lancaster, Mo

M. D.

