

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

Do not use this space.

26580

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City K. C. Mo (No. Mercy Hospital) St. Mo Ward 3330

2. FULL NAME

Arthur Lewis Bailey
 (a) Residence, No. 2431 Forest St., Ward. (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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July-17-1928

7. AGE YEARS 5 MONTHS 1 DAYS 12 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
 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) Cleveland Ohio

FATHER 13. NAME Earl F. Bailey
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio Mo

MOTHER 15. MAIDEN NAME Mary L. Gillespie
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Malta Bend Mo

17. INFORMANT (ADDRESS) Earl F. Bailey 500 Astor, Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE W. Wash. DATE 8-21-33

19. UNDERTAKER (ADDRESS) Mrs. C. R. Gouter 478 Broadway Ave

20. FILED 8/21 1933 M. M. Crowl Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug-19-1933

22. I HEREBY CERTIFY, That I attended deceased from 8/14/33 1933 to 8/19 1933
 I last saw him alive on 8/19/1933 Death is said to have occurred on the date stated above, at 7:50 a.m.
 The principal cause of death and related causes of importance were as follows:

Diarrhea
Dehydration
11/15
 Other contributory causes of importance:
Nephritis (acute)
Pneumonia
terminal
 Date of onset 8/12/33
8/17/33

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? yes

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) Hugh L. Dwyer M. D.
 (Address) Mercy Hospital

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. SEP 26 1933

1000000000

1000000000

1000000000

1000000000

1000000000

1000000000