

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

Do not use this space.

26645

1. PLACE OF DEATH

County Jackson Registration District No. _____ File No. _____
Township _____ Primary Registration District No. _____ Registered No. 3490
City Kansas City, Mo (No. Vineyard Park Hospital St. _____ Ward _____)

2. FULL NAME James Hamilton Baile

(a) Residence, No. Warrensburg, Mo 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. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nell M Baile

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 24, 1949

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
83 10 3

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

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) Ohio
(STATE OR COUNTRY)

13. NAME John Baile

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

15. MAIDEN NAME Sarah Eby

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

17. INFORMANT M. J. Christopher
(ADDRESS) Warrensburg, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Warrensburg, Mo DATE Aug. 28, 1933

19. UNDERTAKER Sweeney-Phillips
(ADDRESS) Warrensburg, Mo

20. FILED 8-27-33 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 31, 1933, to Aug 27, 1933
I last saw him alive on Aug 22, 1933. Death is said to have occurred on the date stated above, at 7:29 a.m.

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

Uremia - septic
Cystitis + Nephritis 7-11-33
Arterio-sclerotic Hypertension
Venice Calculus 1932
Other contributory causes of importance: 13 U.A.

Name of operation Cystostomy Date of Aug 5, 1933
What test confirmed diagnosis? _____ 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? _____
If so, specify _____
(Signed) J. G. Helder, M. D.
(Address) 722 Walnut

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

WHITE PRINTING WITH OPAIDING INK—THIS IS A PERMANENT RECORD

