

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.

NOV 10 1933

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

Do not use this space.

32476

1. PLACE OF DEATH

19 County Cass
Township West Union
City (No.) Ward

Registration District No. 149
Primary Registration District No. 5-213

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Gumata Rose Bailey
(a) Residence, No. _____ 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 <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 19-33</u>		
7. AGE YEARS	MONTHS	DAYS
	<u>3</u>	<u>2</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
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		

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cass Co. Mo</u>
	13. NAME <u>James E. K. Bailey</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Benton Co. Mo</u>
	15. MAIDEN NAME <u>Minnie Grace Wood</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Henry Co. Mo</u>
	17. INFORMANT (ADDRESS) <u>James E. K. Bailey</u>
18. BURIAL, CREMATION, OR REMOVAL	
PLACE <u>West Union</u> DATE <u>Oct 23 33</u>	
19. UNDERTAKER (ADDRESS) <u>West Union</u>	
20. FILED <u>Oct 22 1933</u> <u>West Union</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 21, 1933
22. I HEREBY CERTIFY, That I attended deceased from Sept 30 1933 to Oct 21 1933
I last saw her alive on Oct 21 1933 Death is said to have occurred on the date stated above, at 6:30 P. m.
The principal cause of death and related causes of importance were as follows:

Date of onset _____
Broncho pneumonia
10/17
Other contributory causes of importance: 10/7

Name of operation _____ Date of _____
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? no
If so, specify _____
(Signed) Andrew D. Johnston, M. D.
(Address) Benton Co. Mo

