Henderson

JAN 26 1934

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

Do not use this space.

1. PLACE OF DEATH

111 County Wayne — Registration District No. 892

Township Black River — Primary Registration District No. 61931

City Chaonia (No. ..... St. ..... Ward)

File No. 12419

Registered No. ....

2. FULL NAME Thomas G. Bailey

(a) Residence, No. Chaonia, Mo. (Usual place of abode) 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	white	Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF Permelia A. Bailey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 9 1854

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
79	3	23	

OCCUPATION

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. Justice of Peace

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) Cincinnati, Ohio

FATHER

13. NAME William Bailey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morrantown, Ohio Ohio

MOTHER

15. MAIDEN NAME Mary E. Bell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cincinnati, Ohio

17. INFORMANT (ADDRESS) Mrs. Nell Davis, Van Buren, Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE Chaonia, Cemetery DATE Dec. 27 19 33

19. UNDERTAKER (ADDRESS) Greer Undertaking Co. Poplar Bluff Mo

20. FILED Dec. 26 19 33 Mrs. Lettie McGee Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-1, 19 33, to 12-25-33, 19 ..... I last saw h— alive on 12-15-33, 19 ..... Death is said to have occurred on the date stated above, at 1:30 P M

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

Endocarditis — Date of onset 1930

92A 93 dr

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) Wm Henderson, M. D.

(Address) Poplar Bluff Mo

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.