

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

Do not use this space.

8925

APR 25 1934

1. PLACE OF DEATH

County Jackson
Township Kaw.
City Kan. City

Registration District No. 399
Primary Registration District No. 1002
(No. St. Joseph Hospital)

File No. _____
Registered No. 1117
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1418 Fenwick 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Dora Bailey</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 16-1869</u>		
7. AGE YEARS <u>64</u>	MONTHS <u>8</u>	DAYS <u>27</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Real Estate</u>		
10. Date deceased last worked at this occupation (month and year)		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Conn.

MOTHER FATHER

13. NAME Henry M. Bailey

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

15. MAIDEN NAME Zadie Trumpy

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

17. INFORMANT Mrs. Adian Hooper
(ADDRESS) President Hotel

18. BURIAL, CREMATION, OR REMOVAL PLACE Honest Hill DATE Mar 14 34

19. UNDERTAKER H. C. Bergman
(ADDRESS)

20. FILED 3-11 34 M. M. Crowe
Regist.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 10 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 3 34 to Mar 10 34

I last saw him alive on Mar 10 34 Death is said

to have occurred on the date stated above, at 8:15 p.m.

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

Lata Pneumonia
108 (Right)

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis Clinical 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? Yes

If so, specify _____
(Signed) J. H. Kuper M. D.
(Address) 3111 Fenwick St.

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.

APR 25 1934

