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.

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

Do not use this space.

File No. 11454

Registered No. 83

APR 25 1934

1. PLACE OF DEATH

County: St. Louis — Registration District No. 1173

Township: — Primary Registration District No. 6248 03

City: Jefferson Barracks (No. Veterans' Administration Facility St. Ward)

2. FULL NAME: Joseph BAILEY

(a) Residence, No. 2925 Lawton Ave., St. Louis, Mo. 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: Male

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): August 16, 1892

7. AGE: Years 41 — Months 7 — Days 0 — If LESS than 1 day, - hrs. or - min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Unavailable

10. Date deceased last worked at this occupation (month and year): Unavailable

11. Total time (years) spent in this occupation: Unavailable

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Elkton, Kentucky

FATHER

13. NAME: Walter Bailey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unavailable, Kentucky

MOTHER

15. MAIDEN NAME: Unavailable

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unavailable, Unavailable

17. INFORMANT (ADDRESS): E. T. Gallagher M.D., Act. Clin. Dir. Vets. Adm. Fac. Jeff. Bks. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Jefferson Barracks DATE: Mar. 21, 1934

19. UNDERTAKER (ADDRESS): J. W. Hughes, 2620 Lawton Blvd.

20. FILED: 3/19, 1934 — Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 7, 1934, to March 16, 1934

I last saw him alive on March 16, 1934. Death is said to have occurred on the date stated above, at 11:10 P.M.

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

Chronic Nephritis, complicated with Uremia — Date of onset: Unkn.

131
132.8

Other contributory causes of importance: None

Name of operation: None — Date of: - -

What test confirmed diagnosis? Physical Exam., X-Ray, Laboratory findings, 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?

If so, specify

(Signed) W. O. GIBSON M.D., Manager, M. D.

(Address) Vets. Adm. Fac., Jeff. Bks., Mo.