

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

Do not use this space.

16356

1. PLACE OF DEATH

County Stearns
Township Stearns
City Stearns (No. 314)

Registration District No. 314
Primary Registration District No. 4190

File No. 16356
Registered No. 16
St. 16 Ward 16

2. FULL NAME

Mrs. Sarah Jane Bailey
(a) Residence, No. St. Ward 16
(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>Female</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Bailey</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 19 - 1834</u>		
7. AGE YEARS <u>100</u>	MONTHS <u>3</u>	DAYS <u>20</u>
If LESS than 1 day, hrs. min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>	
	10. Date deceased last worked at this occupation (month and year) <u>✓</u>	
11. Total time (years) spent in this occupation <u>✓</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Knoxville Tenn</u>		
FATHER	13. NAME <u>Thos. A. Brown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>	
MOTHER	15. MAIDEN NAME <u>Marguerite Blokelley</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>	
17. INFORMANT <u>Mrs. J.C. Kimbrell</u> (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Stearns</u> DATE <u>5/30/34</u>		
19. UNDERTAKER <u>Stearns</u> (ADDRESS)		
20. FILED <u>5/30</u> 19 <u>34</u> <u>C. Berndt</u> Registrar.		

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1934, to May 29, 1934
last saw him alive on May 28, 1934 Death is said to have occurred on the date stated above, at 3:30 P.
The principal cause of death and related causes of importance were as follows:
Valvular Heart Disease
Date of onset 92A
92A
Other contributory causes of importance: 92A

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? No
If so, specify _____
(Signed) Jan. A. Crocker, M. D.
(Address) Stearns

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 21 1934

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