

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

Wueker
Do not use this space.

1. PLACE OF DEATH

4 County Harrison Registration District No. 341
Township Curwille Primary Registration District No. 5501A
City CLINTON RFD St. _____ Ward _____

File No. 20193
Registered No. 68

2. FULL NAME

James Washington Bailey
(a) Residence, No. CLINTON MO RFD Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 4 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 White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Luella Bailey
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 13 1857
7. AGE YEARS 82 MONTHS 5 DAYS 29
If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Clair Co Mo

MOTHER FATHER
13. NAME Charles Adison Bailey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Leonidas Bailey Clinton Mo

18. BURIAL CREMATION, OR REMOVAL PLACE First Chapel DATE 6-15 34

19. UNDERTAKER (ADDRESS) Fred Wilkinson Clinton Mo

20. FILED 6-18 34 J. R. Hampton Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-12 34
22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1927, to May 1, 1928
Last saw him alive on Jan 23, 1924 Death is said to have occurred on the date stated above, at 2:30 P.M.

The principal cause of death and related causes of importance were as follows:
Date of onset
This man had mental degeneration with edema of lungs & heart not seen for 2 mo, so don't know exact cause of death.
Other contributory causes of importance: _____

Name of operation 1113 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) L. S. Wilkinson, M. D.
(Address) Clinton 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.

JUL 20 1934

