

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

Do not use this space.

1. PLACE OF DEATH

County Howell
Township Pomona, Mo
City Pomona, Mo (No.)

Registration District No. 387
Primary Registration District No. 3-5-2, D

File No. 20234
Registered No.
St. Ward)

2. FULL NAME

(a) Residence. No. St. Ward.
(Usual place of abode)
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>Minnie Bailey</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>35</u> <u>5</u> <u>-</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>laborer</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer				
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Greenwood Co Kansas</u>				
10. NAME OF FATHER <u>Lewis E. Bailey</u>				
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>				
12. MAIDEN NAME OF MOTHER <u>Nala Walker</u>				
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>				

14. INFORMANT (Address) <u>Lewis E. Bailey</u> <u>Willow Springs, Mo.</u>
15. FILED <u>June 9, 1934</u> <u>Bernie L. Scruggs</u> REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 7, 1934
17. I HEREBY CERTIFY, That I attended deceased from May 15, 1934 to June 7, 1934
that I last saw him alive on June 7, 1934 and that death occurred on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS
Pneumoniae Sobari
right with empyema
duration 1 1/2 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Pneumoniae
duration 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH ash home in Illinois
DID AN OPERATION PRECEDE DEATH? yes DATE OF May 7, 1934
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS Pus & Lung pouring from chest
(Signed) DD CO, M. D.
1934 Address Pomona Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL <u>City Cemetery</u>	DATE OF BURIAL <u>June 9th 1934</u>
20. UNDERTAKER <u>T. R. Burns & Son</u> <u>Bill B.</u>	ADDRESS <u>Willow Springs, Mo</u>

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

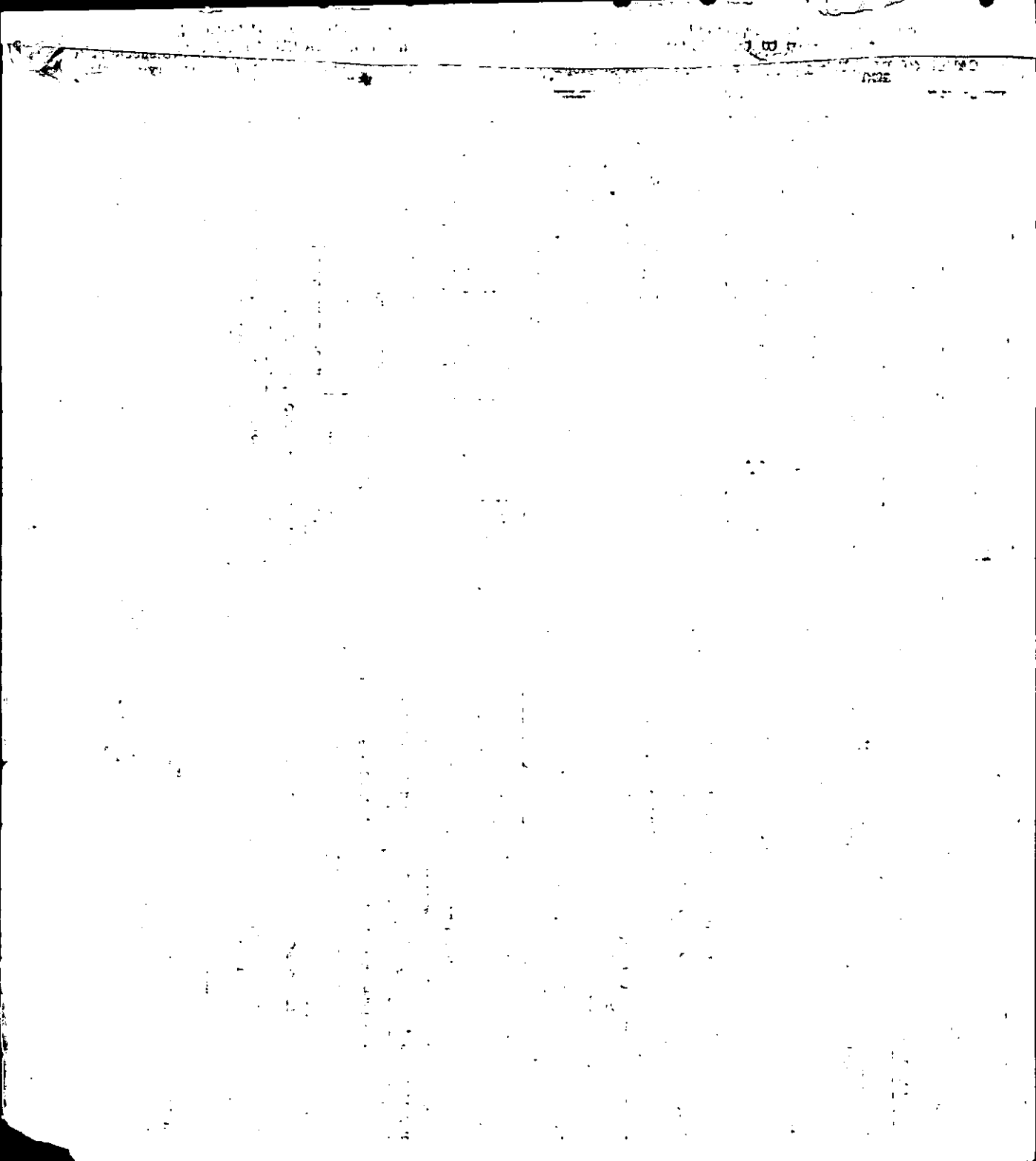
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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

20234

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Earl Nesbet Bailey
Who died at _____ on June 7 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex M Color or race W Single, married, widowed or divorced: _____
Date of birth Dec. 12 - 1898 Age: Years 35 Months 5 Days 25

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year _____
Birthplace (State or country) Pennsylvania
Birthplace of father (State or country) _____
Birthplace of mother (State or country) _____
Principal cause of death: Pneumonia

Other contributory causes of importance Empyema following pneumonia
Name of operation Drainage of gas pocket Date of May 15 - 1934
What test confirmed diagnosis? _____ Was there an autopsy? _____
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 _____
Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
Name of physician _____
Address of physician _____

X Signature of Registrar Bernie L. Scruggs Date filed _____

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

E. T. McGaugh

State Registrar

Reg. Dist. No. 387

Primary Reg. Dist. No. 5540

Special Agent.

5-20234

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