

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

Do not use this space.

24360
2188

1. PLACE OF DEATH
 County Jackson Registration District No. 391
 Township Flaw Primary Registration District No. 333
 City Kansas City (No. 3844) Robertson St. _____ Ward _____

2. FULL NAME H. Oscar Bailiff
 (a) Residence, No. 3844 Robert Robertson 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>M</u>	4. COLOR OR RACE <u>W</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>Alma Bailiff</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr 14, 1864</u>		
7. AGE	YEARS <u>69</u>	MONTHS <u>2</u>
	DAYS <u>21</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Carpenter</u>	
	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) <u>Ind</u>		
FATHER	13. NAME <u>Oscar Bailiff</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
MOTHER	15. MAIDEN NAME <u>No record</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No record</u>	
17. INFORMANT <u>Alma Bailiff</u> (ADDRESS) <u>3844 Robertson</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lancaster</u> DATE <u>July 31</u>		
19. UNDERTAKER <u>Mrs. E. L. Foster</u> (ADDRESS) <u>918 Robertson, etc.</u>		
20. FILED <u>7-3</u> , 19 <u>34</u> <u>Mon</u> <u>Clowe</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3, 1934

22. I HEREBY CERTIFY That I attended deceased from July 1st, 1933, to July 3, 1934
 I last saw him alive on July 2nd, 1934. Death is said to have occurred on the date stated above, at 1:30 p. m.
 The principal cause of death and related causes of importance were as follows:
Hemorrhage
Carcinoma of face
(Rodent ulcer)
 Date of onset 7/1/34

Other contributory causes of importance:
52
10 5/16

Name of operation Cauterization Date of 7/33
 What test confirmed diagnosis? Biopsy Was there an autopsy? No

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) Forest J. Foster, M. D.
 (Address) 333 Lehigh Bldg, Kansas

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.

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

AUG 21 1934

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