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DEC 14 1934

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

Do not use this space.

File No. 39024

Registered No.

1. PLACE OF DEATH
County: Dunklin
Township: Independent
City: ~~Kennett~~ (No. ..... St. ..... Ward)
Registration District No. 288
Primary Registration District No. 5406

2. FULL NAME: Edith Novella Bailey
(a) Residence, No. ..... St., ... Ward ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred: 7 yrs. 11 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 17, 1926

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
7	11	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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): Dunklin Co.

FATHER
13. NAME: Oscar Bailey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Franklin Co. Missouri

MOTHER
15. MAIDEN NAME: Myrtle Bunting
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dunklin Co.

17. INFORMANT (ADDRESS): Oscar Bailey, Kennett, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mc Cully DATE: Nov. 22, 1934

19. UNDERTAKER (ADDRESS): W. H. Irby, Holcomb, Mo

20. FILED: Dec 4, 1934 Ethel Moore, Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1934, to Nov 21, 1934
I last saw h. alive on Nov. 17, 1934. Death is said to have occurred on the date stated above, at 6 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Colitis	

Other contributory causes of importance:

Hyperplasia and Hemorrhaging Cancer

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) H. Rigdon, M. D.
(Address) Kennett Mo

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.

100M-11-24-33