

DEC 18 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

39935

1. PLACE OF DEATH

County Lewis
 Township Clinton
 City Clinton (No.)

Registration District No. 477
 Primary Registration District No. 5641

File No.
 Registered No. 37
 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. (If nonresident, give city or town and State)

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>Maitha Bailey</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 10, 1851</u>		
7. AGE	YEARS <u>83</u>	MONTHS <u>6</u>
	DAYS <u>19</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>Farmer</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) Marion County, Ohio
 (STATE OR COUNTRY)

13. NAME William Bailey
 14. BIRTHPLACE (CITY OR TOWN) England (3)
 (STATE OR COUNTRY)

15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY)

17. INFORMANT Capl Bailey mo.
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Clinton Mo DATE Apr. 21, 1934

19. UNDERTAKER Capl Bailey
 (ADDRESS)

20. FILED Nov. 21, 1934 H. W. Harris
 Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Apr. 11, 1934, to Nov. 17, 1934

I last saw him alive on Oct. 17, 1934. Death is said

to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

Widespread degeneration of heart
hypertension

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Examination 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. W. Harris, M. D.

(Address) Clinton Mo.

