

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

Do not use this space.

42526

JAN 10 1935

1. PLACE OF DEATH
 County Dunklin Registration District No. 289
 Township _____ Primary Registration District No. H/73
 City Malden (No. _____) St. _____ Ward _____

2. FULL NAME Thomas Jefferson Bailey
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 4 yrs. 5 mos. 0 ds. How long in U.S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

File No. _____
 Registered No. 579

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 Lattie Belle Bailey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 4 - 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
73 8 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ins. Broker

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) Bloomfield Mo

FATHER 13. NAME William Bailey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawrence Co., Tenn

MOTHER 15. MAIDEN NAME Martha Denny

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wayne Co., Mo

17. INFORMANT Jennings Bailey
 (ADDRESS) 1721 Veronica E. State Ill.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bernie Mo DATE 12-21 1934

19. UNDERTAKER H. R. Craig
 (ADDRESS) Malden Mo

20. FILED 12-21 1934 S. E. Mitchell
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-19-1934

22. I HEREBY CERTIFY, That I attended deceased from 12-7 1934, to 12-19 1934
 I last saw him alive on 12/19 1934. Death is said to have occurred on the date stated above, at 11:40 p.m.
 The principal cause of death and related causes of importance were as follows:
Coronary Sclerosis - Degenerative
about 10 years ago -
Other contributory causes of importance:
General arteriosclerosis -

Name of operation none Date of _____
 What test confirmed diagnosis Blood Record whether an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury _____, 19____
 Where did injury occur? none
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none
 Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify Graydon Cartleton D.O.
 (Signed) _____ #. 00
 (Address) Malden 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.

