

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

Do not use this space.

MAR 20 1935

4419

**1. PLACE OF DEATH**

County Braham  
Township St. Joseph  
City St. Joseph No. 19051

Registration District No. 85  
Primary Registration District No. 19051

File No. 186  
Registered No. 186  
St. St. Joseph Ward)

**2. FULL NAME**

(a) Residence, No. Mary A. Bailey St. St. Joseph Ward. St. Joseph

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <u>A. H. Bailey</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 8, 1862</u>		
7. AGE	YEARS <u>72</u>	MONTHS <u>10</u>
	DAYS <u>1</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>At Home</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Feb 4, 1935</u>	11. Total time (years) spent in this occupation <u>40y</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Rockport, Mo.</u>		
FATHER	13. NAME <u>William Bartholmew</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Brown County, Ohio</u>	
	15. MAIDEN NAME <u>Susan Sparks</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Winterset, Missouri</u>	
17. INFORMANT <u>Reed Bailey</u> (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL <u>Went to home</u>		
PLACE <u>Bailey County</u> DATE <u>2-11-1935</u>		
19. UNDERTAKER <u>A. J. ...</u> (ADDRESS)		
20. FILED <u>2-8-35</u> <u>J. M. ...</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-9-1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 8, 1935, to Feb 9, 1935  
I last saw her alive on Feb 8, 1935 Death is said to have occurred on the date stated above, at 12:30 p.m.  
The principal cause of death and related causes of importance were as follows:  
Acute cerebrospinal meningitis (meningococcus) organism Date of onset Feb 5  
Other contributory causes of importance: Diabetes

Name of operation none Date of none  
What test confirmed diagnosis? CSF + sub Was there 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? (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) D. H. ..., M. D.  
(Address) St. Joseph, Mo.

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.

