

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

Do not use this space.

APR 6 1935

7994

1. PLACE OF DEATH

County Barry
Township Flat Creek
City Flat Creek (No)

Registration District No. 29
Primary Registration District No. 5038

File No. _____
Registered No. 13
St. _____ Ward) _____

2. FULL NAME

(a) Residence, No. P. O. 1 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>Bell Olie Bailey</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 1, 1880</u>		
7. AGE	YEARS <u>55</u>	MONTHS <u>2</u>
		DAYS <u>25</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>Merchant</u>	11. Total time (years) spent in this occupation <u>20</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Grocery</u>	
	10. Date deceased last worked at this occupation (month and year) <u>7/26</u>	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boon Wisconsin

13. NAME C. M. C. Bailey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Lida Cook

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Olie Bailey Cassville, Mo. P. O. 1

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE 3/29 1935

19. UNDERTAKER (ADDRESS) Boon Funeral Home

20. FILED 3/29 1935 Reg. Y. Newman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/26 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at about 3:30 p.m.
The principal cause of death and related causes of importance were as follows:

Suicide By Drowning

Other contributory causes of importance: 166

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 3/26, 1935

Where did injury occur? Barry County, Mo.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

In pond on farm at home

Manner of injury Drowning

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

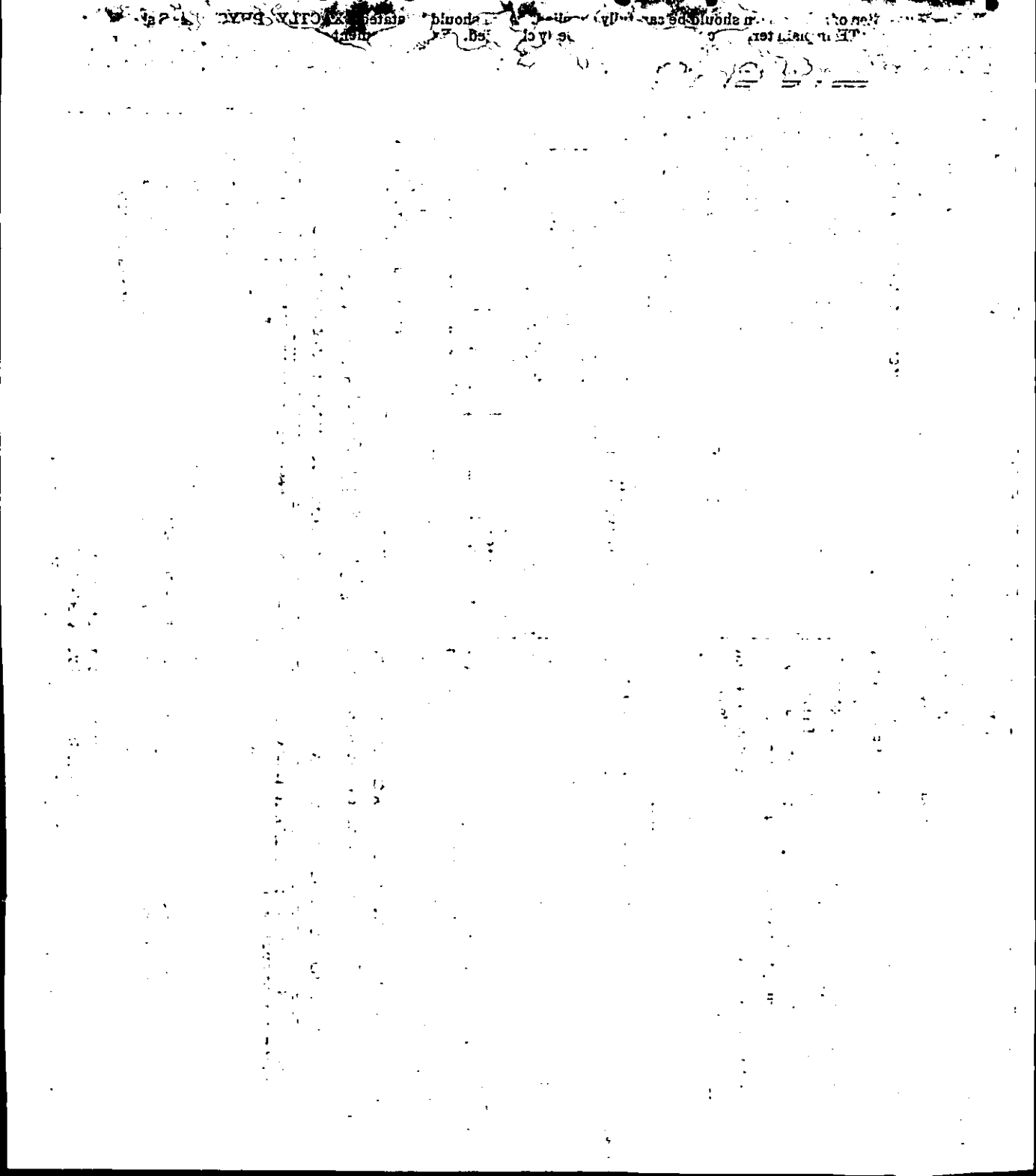
(Signed) H. S. Moulton J. P.

(Address) Cassville Mo

Acting Coroner

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.



**MISSOURI STATE BOARD OF HEALTH
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ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Darwin
Township Flat Creek
City Hubert (No. 1)

Registration District No. 29
Primary Registration District No. 2038

File No.
Registered No.
St. Ward

2. FULL NAME

(a) Residence, No. Hubert Loren Bailey St. 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED m.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 1, 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 2 25

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)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED 3-29 1935 J. W. Newman Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from

to

I last saw h. alive on

to have occurred on the date stated above, at

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

Date of onset

Suicide by drowning

Other contributory causes of importance:

No boat involved

Name of operation

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

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?

If so, specify

(Signed) , M. D.

(Address)

SUPPLEMENTARY

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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