

JUN 15 1935

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

Do not use this space.

16032

1. PLACE OF DEATH

County Douglas  
Township Clinton  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 956  
Primary Registration District No. 5394

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Roma J. Bailey

(a) Residence, No. Cabool, Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode) \_\_\_\_\_ (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 Nancy A. Bailey  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) aug 15, 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
62 9 13  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
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) Mar 22, 1935 11. Total time (years) spent in this occupation 20 yr

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Plasenton, Iowa

13. NAME Olive G. Baileys

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brunel, Co. Ia.

15. MAIDEN NAME Olive Curtis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brunel, Co. Ia.

17. INFORMANT Harold S. Baileys

18. BURIAL, CREMATION, OR REMOVAL PLACE school DATE May 30, 1935

19. UNDERTAKER (ADDRESS) \_\_\_\_\_

20. FILED A. Richardson Registrar.

June 2, 1935. Mrs. Alice Rankin

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 28, 1935 to May 28, 1935  
I last saw him alive on May 28, 1935. Death is said to have occurred on the date stated above, at 7:45 p.m.  
The principal cause of death and related causes of importance were as follows:

Chronic nephritis Date of onset 1932

Other contributor causes of importance:

Name of operation none 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? \_\_\_\_\_ 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. m. Edens, M. D.  
(Address) Cabool, 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.



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**1. PLACE OF DEATH**

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Registration District No. 956  
Primary Registration District No. 5394

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Roma J. Bailey  
(a) Residence, No. Cabool mo 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28, 1935

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

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 15, 1872

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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

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 \_\_\_\_\_

Date of onset \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pleasanton, Iowa

Other contributory causes of importance: \_\_\_\_\_

13. NAME Oliner J. Bailey

\_\_\_\_\_

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Branch Co., Mich.

\_\_\_\_\_

15. MAIDEN NAME Oline Curtis

\_\_\_\_\_

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Branch Co., Mich.

\_\_\_\_\_

17. INFORMANT Harold S. Bailey

\_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE Cabool, Mo. DATE May 30 1935

\_\_\_\_\_

19. UNDERTAKER A. Richardson

\_\_\_\_\_

20. FILED June 2, 1935 Mrs. Olin Rankin Registrar.

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Check of District from terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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