

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.

JUN 21 1935

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

Do not use this space.

16308

1. PLACE OF DEATH

County Howell

Registration District No. 385

File No.

Township

Primary Registration District No. 4229

Registered No. 11

City Willow Springs, Mo.

St. Ward)

2. FULL NAME Hala M. Bailey

(a) Residence, No.

St.

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 31 yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

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

Lewis E. Bailey

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

Oct. 28. 1863

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, hrs.

or min.

61

6

10

OCCUPATION

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

House wife

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)

Penn.

FATHER

13. NAME

Armstrong Walker

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

Dont Know

MOTHER

15. MAIDEN NAME

Nancy Nesbit

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

Dont Know

17. INFORMANT
(ADDRESS)

Lewis E. Bailey
Willow Springs Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

City Cemetary

DATE

May 9th. 1935

19. UNDERTAKER
(ADDRESS)

J. P. Burns
Willow Springs Mo

20. FILED

June 9. 1935

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7 , 1935

22. I HEREBY CERTIFY, That I attended deceased from

May 1st , 1935 , to May 7 , 1935

I last saw her alive on May 7 , 1935. Death is said

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

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

Cronic Bronchitis &
Cardio Tox.

Date of onset

Other contributory causes of importance

Name of operation Physical Date of May 7

What test confirmed diagnosis? Physical 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 No, 1935

Where did injury occur? No

(Specify city or town, county, and State)

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

Manner of injury No

Nature of injury No

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

If so, specify No

(Signed) Dr. R. H. O'Bannon

(Address) Willow Springs Mo.

