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.

AUG 9 1935

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

Do not use this space.

24327

1. PLACE OF DEATH

County ..... Registration District No. 791 ..... File No. .....

Township ..... Primary Registration District No. 400 ..... Registered No. 5649

City St. Louis (No. 1510, McCausland St. ..... Ward)

2. FULL NAME Ella Bailey

(a) Residence, No. ..... St., 4 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: 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: O. C. Bailey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 3, 1877

7. AGE: YEARS 58 | MONTHS 5 | DAYS 28 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at Home
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): Reynolds Co. Mo.

FATHER

13. NAME: James Clemons
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

MOTHER

15. MAIDEN NAME: Susan Turner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Mrs. Bessie Geiler, 1510 McCausland

18. BURIAL, CREMATION, OR REMOVAL
PLACE: West Fork, Mo. DATE: 7-3-1935

19. UNDERTAKER (ADDRESS): C. Hoffmeister U & L Co. 7814 Co Broadway

20. FILED JUL -1 1935 J. F. Bredeck, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1935, to July 1, 1935
I last saw her alive on July 1, 1935. Death is said to have occurred on the date stated above, at 3:10 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Cachexia	
General carcinomatosis	
Cancer of stomach, prim	

Other contributory causes of importance:

Name of operation: Exploratory Date of: at city
What test confirmed diagnosis? operation Was there an autopsy? 14 exp 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) M. Meyerhardt M.D., M. D.
(Address) 4500 Olive St.

4500 Alem st

10-12:30 P.M.