

NOV 9 1935

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

Do not use this space.

1. PLACE OF DEATH St. Mary's Infirmary

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St. Louis, Mo.(No. 1536)Papin791  
1003

31444

File No.....

Registered No. 8317

St. ....

Ward)

2. FULL NAME Curtis Bailey(a) Residence, No. 3031 Lawton St. 21 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds.

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

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 16, 1932

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
	<u>3</u>	<u>6</u>	<u>11</u>	

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) Tennessee13. NAME Maxs Bailey14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk15. MAIDEN NAME Eva Mannie16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk17. INFORMANT Eva Mannie  
(ADDRESS) 3031 Lawton18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE 10-319. UNDERTAKER J. W. Brown  
(ADDRESS) 323 2nd20. FILED OCT - 3 1935  
J. F. Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 27, 193522. I HEREBY CERTIFY, That I attended deceased from September 16, 1935, to September 27, 1935I last saw him alive on September 27, 1935. Death is said to have occurred on the date stated above, at 9:20 a.m.

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

Mastoiditis, chronic  
Cavernous sinus thrombosis  
Infarct, right lung.

Date of onset

Other contributory causes of importance:

PoisoningName of operation Mastoidectomy Date of 9-23-35What test confirmed diagnosis?..... Was there an autopsy? yes

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?.....

If so, specify.....

(Signed) James E. Jackson, M. D.(Address) 1536 - Papin St

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.

