

WHITE PEARLY, 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.

NOV 21 1935

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

Do not use this space.

33128

1. PLACE OF DEATH

County Jefferson
Township Shotten
City St. Louis (No.)

Registration District No. 421
Primary Registration District No. 5576

File No.
Registered No. 80
St. Ward

2. FULL NAME

Eliza Helen Bailey

(a) Residence, No. 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>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 16 1860</u>		
7. AGE <u>75-</u>	YEARS <u>2</u>	MONTHS <u>3</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>house keeper</u>		IF LESS than 1 day, ... hrs. or min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>		11. Total time (years) spent in this occupation <u>✓</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Danby Jefferson Co Mo</u>		
13. NAME <u>Leander Bailey</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Danby Mo</u>		
15. MAIDEN NAME <u>Catherine Jennings</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St Louis Co Mo</u>		
17. INFORMANT (ADDRESS) <u>Forrest Bailey Danby Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Methodist Cem</u> DATE <u>Oct 22 1935</u>		
19. UNDERTAKER (ADDRESS) <u>Francis W. Danhart Crystal City Mo</u>		
20. FILED <u>11/10</u> 19 <u>35</u> <u>E. R. Rutledge</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>October 19 1935</u>	Date of onset <u>2 yrs +</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>March 2</u> , 1934, to <u>October 19</u> , 1935 I last saw her alive on <u>October 17</u> , 1935. Death is said to have occurred on the date stated above, at <u>4:30 P. M.</u> The principal cause of death and related causes of importance were as follows: <u>Hypertensive heart disease</u> <u>Arteriosclerosis</u> <u>Toxic adenoma of thyroid</u> <u>60</u> Other contributory causes of importance <u>none</u> Name of operation <u>none</u> Date of <u> </u> What test confirmed diagnosis? <u>clinical</u> Was there an autopsy? <u> </u>	
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? <u> </u> Date of injury <u> </u> , 19 <u> </u> Where did injury occur? <u> </u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury <u> </u> Nature of injury <u> </u>	
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify <u> </u> (Signed) <u>John F. Rutledge</u> , M. D. (Address) <u>Crystal City, Mo.</u>	

