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.

JAN 13 1936

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

Do not use this space.

38129

791

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 10179

Township ..... Primary Registration District No. ..... Registered No. .....

City St Louis, Mo. (No. Isolation Hosp. St. ..... Ward)

2. FULL NAME James Bailey

(a) Residence, No. 5800 Arsenal St., 13 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ Mrs. May Bailey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 15 1859

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
76	9	4	

OCCUPATION

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

FATHER

13. NAME Gabriel Bailey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) X Mass.

MOTHER

15. MAIDEN NAME Sarah Ann Nester
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) X Ind.

17. INFORMANT (ADDRESS) J. G. Sullivan 5800 Arsenal St

18. BURIAL, CREMATION, OR REMOVAL
PLACE City Crematory DATE 12/4/35, 19

19. UNDERTAKER (ADDRESS) J. Ryan City Infirmary

20. FILED DEC - 3 1935, 19 J. F. Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 13, 1931, to Nov 19, 1935

I last saw him alive on Nov 19, 1935. Death is said to have occurred on the date stated above, at 5:10 P m.

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

Chronic myocarditis

Date of onset

93C

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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) Smith C. E., M. D.

(Address) Isolation Hospital St Louis, Mo

JUL 14 1960