

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

Do not use this space.

JAN 16 1936

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1. PLACE OF DEATH

County Henry
Township Big Creek
City Clanstown (No. _____)

Registration District No. 35-8
Primary Registration District No. 5503

File No. _____
Registered No. 14
St. _____ Ward)

2. FULL NAME

Sarah Elizabeth Bailey
(a) Residence, No. Clanstown St. _____ Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 9 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ephraim Bailey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jun 25 1864

7. AGE YEARS 71 MONTHS 10 DAYS 27 If LESS than 1 day, _____ hrs. or _____ min.

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

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 Life

12. BIRTHPLACE (CITY OR TOWN) Spencer (STATE OR COUNTRY) West Virginia

13. NAME William Smith

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

15. MAIDEN NAME Mary Armontrout

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

17. INFORMANT H. L. Bellows (ADDRESS) Clanstown Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Carpenter Cemetery 12, 24, 30

19. UNDERTAKER Wilkinson Funeral Home (ADDRESS) Clinton Mo.

20. FILED Dec 24 1935 E. G. Hibler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 22 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 20 1935 to Dec 22 1935. I last saw him alive on Dec 1935. Death is said

to have occurred on the date stated above, at 9 P.m.

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

Senile Insanity Date of onset _____

Other contributory causes of importance:

Nervous

Name of operation _____ Date of _____

What test confirmed diagnosis? Chemical Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: _____ 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 _____

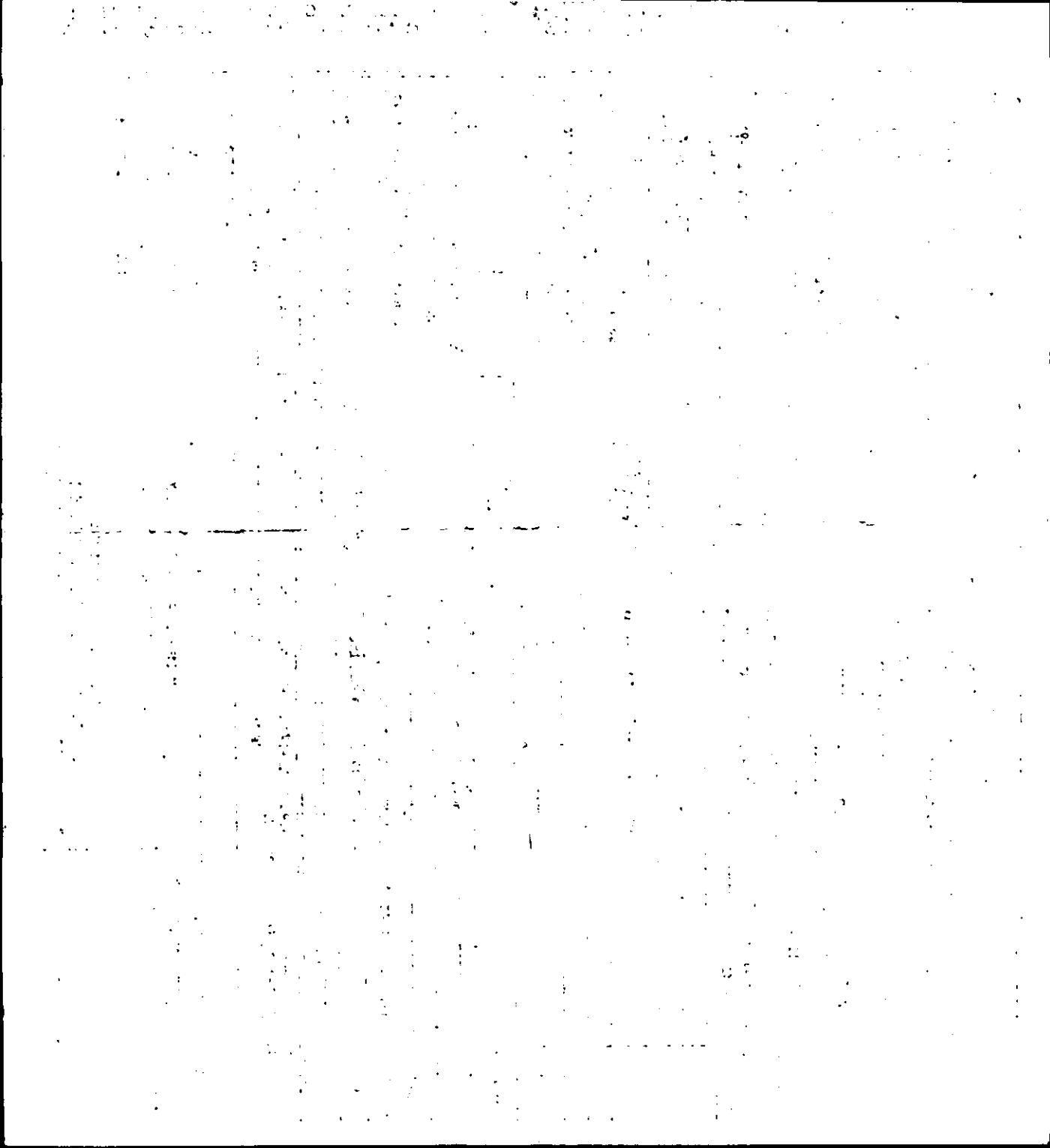
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) J. B. Beatty M. D.

(Address) Clanstown



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CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County Henry
Township Big Creek
City Big Creek (No. _____ St. _____ Ward _____)

Registration District No. 358
Primary Registration District No. 55-03

File No. _____
Registered No. _____

2. FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) W

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED Dec 24, 1935

E. G. Hibler
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 27, 1935

I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Senile insanity Date of onset _____

Other contributory causes of importance:

premia caused by chronic nephritis

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) J. H. Beatty, M. D.
(Address) Chilhowe mo

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.

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