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.

FEB 17 1936

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

Do not use this space.

255

File No. .....

Registered No. 54

1. PLACE OF DEATH

County Buchanan Registration District No. 85

Township ..... Primary Registration District No. 16

City St Joseph Mo (No. State Hospital # 2 St. ..... Ward)

2. FULL NAME Clarence M. Bailey

(a) Residence, No. Pardin Mo St., ... Ward. Pardin mo
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

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: Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): About Jan 1874

7. AGE: YEARS 62 | MONTHS — | DAYS — | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. f

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) Linn Co. Mo

FATHER

13. NAME Jonel Bailey

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

MOTHER

15. MAIDEN NAME Becky Cattor

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

17. INFORMANT (ADDRESS) State Hosp Records St Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Laclede Mo DATE Jan 15 1936

19. UNDERTAKER (ADDRESS) Heaton Begolt Bowman St Joseph Mo

20. FILED 1-15 1936 John R Bender
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 14 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 12 1935 to Jan 14 1936

I last saw him alive on Jan 14 1936 Death is said to have occurred on the date stated above, at 12 noon p. m.

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

	Date of onset
Acute Manical Exhaustion	11/12/35

Other contributory causes of importance:

Name of operation ..... Date of ..... No

What test confirmed diagnosis? ..... Was there an autopsy? 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) J. R. Bunch, M. D.

(Address) State Hosp # 2.