

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 21 1936

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

Do not use this space.

1. PLACE OF DEATH

County Scott
Township Barry, west
City Beodgett (No. _____)

Registration District No. 815

Primary Registration District No. 4491

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME

(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 male 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 Dora E Bailey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 18-1858

7. AGE YEARS 77 MONTHS 9 DAYS 29 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Hillsboro Ohio

13. NAME David O. Bailey

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

15. MAIDEN NAME Elizabeth Crawford

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

17. INFORMANT (ADDRESS) Mrs Dora E Bailey

18. BURIAL, CREMATION, OR REMOVAL Mount Zion Cemetery DATE 1/19 36

19. UNDERTAKER (ADDRESS) J. H. Hummel Jr.

20. FILED 1-17 36 Hummel Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-17 36

22. I HEREBY CERTIFY, That I attended deceased from Dec 10 1935 to Jan 17 1936

I last saw him alive on Jan 16 1936. Death is said to have occurred on the date stated above, at Ca m.

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

Pericarditis
MM

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) E. H. Hummel Jr. M. D.
(Address) Beodgett Mo

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