

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.

MAN 23 1936

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

Do not use this space.

1. PLACE OF DEATH

County Macou
Township Walnut
City Walnut

Registration District No. 530
Primary Registration District No. 5707

File No. 6746
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Maggie Elezabeth 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

6A. IF MARRIED, WIDOWED OR DIVORCED
HUSBAND OF Wm J Bailey
(OR) WIFE OF Nov 27 1865

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

Nov 27 1865

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, _____ hrs.
or _____ min.

70

2

7

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

10. NAME OF FATHER

Meredith Svedan

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

France

12. MAIDEN NAME OF MOTHER

Mary Kinnor

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Virginia

14.

INFORMANT

(Address)

W T Bailey
Elmer T Mo

15.

FILED

Feb 5 1936 Mrs Lloyd Baker
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb - 3 1936

17.

I HEREBY CERTIFY, That I attended deceased from Jan 28, 1936, to Feb 1, 1936
that I last saw him alive on Jan 1, 1936, and that death occurred, on the date stated above, at 12.28 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY)

General Arteriosclerosis
and Hypertension (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Clinical

(Signed) A L Camber, M. D.

, 19 _____ (Address) Atlanta Ga

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Pinetree Cemetery

Feb 5 1936

20. UNDERTAKER

ADDRESS

H. H. Young

Elmer T Mo

