JUL 21 1936

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

[Do not use this space.

28159

File No.
Registered No. 6906

791

Registration District No.
Primary Registration District No. 1003

1. PLACE OF DEATH

County
Township
City St Louis Mo (No. 4310 Vista ave St. Ward)

2. FULL NAME Connie Bailey

(a) Residence, No. ~~[illegible]~~ St. N R Ward. Owensville Mo
(Usual place of abode)
Length of residence in city or town where death occurred about 10 years in St. Louis (If nonresident, give city or town and State)
How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 30 1887.

7. AGE: Years 48 | Months 7 | Days 7 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: common
10. Date deceased last worked at this occupation (month and year): 7-1-9
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cole County Missouri

FATHER
13. NAME: Pube Bailey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Morrel County Missouri

MOTHER
15. MAIDEN NAME: Lucinda Wilhite
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Texas County Missouri

17. INFORMANT (ADDRESS): Mr S C Howard Owensville Mo Route 2

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Remove to Utah DATE: 7-9-1936

19. UNDERTAKER (ADDRESS): Gregg & Gregg Mortuary 4236 S Grand St Louis

20. FILED JUL 9 1936 J H Bredech Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 7-7, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 1st 1936, to July 7, 1936
I last saw him alive on July 6, 1936. Death is said to have occurred on the date stated above, at 11 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1934
Y.D.	

Other contributory causes of importance:

Laryngeal Tuberculosis	8-1-36

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) Joseph W Mills, M. D.
(Address) Owensville Mo
2341 Olive Registered 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.