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.

100M-1-20-36 X7044

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

OCT 5 1936

Do not use this space.

35543

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 9138

City St Louis Mo (No. Barnes Hospital St. ..... Ward)

2. FULL NAME Anna Bailey

(a) Residence, No. 1731 Clawson St. St., N R Ward. Alton Ill.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 7 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): Widowed.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 6. 1886.

7. AGE: YEARS 50 | MONTHS 3 | DAYS 25 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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. Own House.
10. Date deceased last worked at this occupation (month and year) Aug. 1936.
11. Total time (years) spent in this occupation 31.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Delhi. Illinois.

FATHER

13. NAME Richard Kitzmiller.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Delhi. Illinois.

MOTHER

15. MAIDEN NAME Minnie House.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Delhi. Illinois.

17. INFORMANT (ADDRESS) Cassie Burris 2304 Brown St. Alton Ill.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oakwood Cemetery Alton Ill. DATE Sept 4 1936

19. UNDERTAKER (ADDRESS) Robert H. Streeper. 2521 Edwards St. Alton Ill.

20. FILED SEP 3 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9 - 1 - 1936

22. I HEREBY CERTIFY, That I attended deceased from 8 - 25 - 1936, to 9 - 1 - 1936

I last saw her alive on 9 - 1 - 1936. Death is said to have occurred on the date stated above, at 9 50 P m.

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

Rheumatic heart disease
Auricular fibrillation.
Cardiac decompensation

Date of onset

Other contributory causes of importance:

95

Name of operation ..... Date of .....

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? .....

If so, specify .....

(Signed) Sydney B. Maughs, M. D.

(Address) BARNES HOSPITAL