

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.

NOV 22 1936

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

Do not use this space.

37028

1. PLACE OF DEATH

County Cass
Township Pleasant Hill
City Pleasant Hill (No. _____)

Registration District No. 157
Primary Registration District No. 4091

File No. _____
Registered No. 32
St. _____ Ward _____

2. FULL NAME

Mrs Mary Bailey

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Chas. Bailey</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>9-1-1877</u>		
7. AGE	YEARS <u>59</u>	MONTHS <u>1</u>
	DAYS <u>17</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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 <u>Life</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Stannenburg Mo</u>		
FATHER	13. NAME <u>Robert W. Collins</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky</u>	
MOTHER	15. MAIDEN NAME <u>Fandalla Rowland</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky</u>	
17. INFORMANT (ADDRESS) <u>Mrs Nathan Allen Pleasant Hill, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Pleasant Hill</u> DATE <u>Oct 19</u> 19 <u>36</u>		
19. UNDERTAKER (ADDRESS) <u>Brownell-Pelch Pleasant Hill, Mo.</u>		
20. FILED <u>Oct-19-1936</u> <u>Mrs. Etta M. Aldridge</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>10-17</u> 19 <u>36</u>
22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____ I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at <u>3:00 P.</u> m. The principal cause of death and related causes of importance were as follows: <u>Suicide - carbolic acid poisoning</u> Date of onset _____
Other contributory causes of importance: <u>163</u>
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? <u>no</u>
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? <u>suicide</u> 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) <u>Carroll Cunningham</u> <u>Coroner</u> (Address) <u>Harrisonville Mo.</u>

