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.

JAN 22 1937

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

Do not use this space.

File No. 45722

Registered No.

1. PLACE OF DEATH
County Pemiscot
Township Gascolo #2
City (No. , St. Ward)

Registration District No. 1102
Primary Registration District No. 75870

2. FULL NAME Mrs. Stella Bailey
(a) Residence, No. Bragcity, Mo. 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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Wife J. W. Bailey
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dont Know
7. AGE: YEARS 60 MONTHS DAYS If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Housewife
10. Date deceased last worked at this occupation (month and year): Oct. 15. 1936
11. Total time (years) spent in this occupation: 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

FATHER
13. NAME: Andy Wheeler
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ?

MOTHER
15. MAIDEN NAME: ?
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ?

17. INFORMANT (ADDRESS): Mr. George Turner (Bankslow)
18. BURIAL, CREMATION, OR REMOVAL
PLACE Wardell, Mo. DATE 12-21 1936
19. UNDERTAKER (ADDRESS): Trinds
20. FILED 12/26 1936 Mrs T. R. Cole Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 20. 1936
22. I HEREBY CERTIFY, That I attended deceased from Oct. 15, 1936, to Dec. 20, 1936
I last saw her alive on Dec. 17, 1936. Death is said to have occurred on the date stated above, at 10 a.m.
The principal cause of death and related causes of importance were as follows:
Malignant Hypertension — Date of onset
Other contributory causes of importance: Cardiac asthma
Name of operation — Date of
What test confirmed diagnosis? S+S — 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) A H Shirey, M. D.
(Address) Hayti, Mo.