

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.

JUL 21 1936

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County HenryRegistration District No. 347

Township

Primary Registration District No. 3018City Clinton, Mo.

(No. ...., St. .... Ward)

File No. 48440

Registered No. ....

2. FULL NAME Unnamed child of Harry and Elizabeth Bailey(a) Residence, No. 617 S. Carter 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

Male

## 4. COLOR OR RACE

white

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

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

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

June 20, 1936

## 7. AGE

YEARS

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.

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

## 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Clinton, Mo.

## FATHER

13. NAME Harry Bailey14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry Co., Mo.

## MOTHER

15. MAIDEN NAME Elizabeth Carlton16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry Co., Mo.

## 17. INFORMANT (ADDRESS)

S.W. Woltzen, M.D.

## 18. BURIAL, CREMATION, OR REMOVAL

BurialPLACE on premisesDATE 6/20/36

## 19. UNDERTAKER (ADDRESS)

None.

## 20. FILED

6-2919. 36J. R. Hampton  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20/36 1922. I HEREBY CERTIFY, That I attended deceased from ..... 19, to June 20/36, 19I last saw h..... alive on Still born, 19. Death is said

to have occurred on the date stated above, at ..... m.

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

Stillborn

Date of onset

Other contributory causes of importance:

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) S. W. Woltzen

M. D.

(Address) Clinton, Mo.

