

FEB 17 1937

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

Do not use this space.

1927

1. PLACE OF DEATH

County JeffersonRegistration District No. 421

Township

Primary Registration District No. 4249City Festus(No. 1)St. Mo.

Ward

2. FULL NAME

Avis Ann Bailey(a) Residence, No. Festus 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 35 yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Married5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OFJames H. Bailey6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan., 9., 1859

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.7804

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Housewife9. 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) May., 193611. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)IndianaFATHER
MOTHER

13. NAME

John McMullin14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Unknown

15. MAIDEN NAME

Nancy Dodderige16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Indiana17. INFORMANT Miss Stella Bailey
(ADDRESS) Festus Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Festus MoDATE 1/16/37

19

19. UNDERTAKER Duester and Vinyard
(ADDRESS) Festus Mo.20. FILED 2/8

1937

J. C. Rutledge
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 13, 193722. I HEREBY CERTIFY That I attended deceased from
May 1, 1934, to Jan 13, 1937I last saw her alive on Jan 13, 1937. Death is said
to have occurred on the date stated above, at 2 A. m.

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

arterio-sclerosis
bronchial asthma
chronic nephritis
cardiac degenerationDate of onset
?

Other contributory causes of importance:

Hypertension

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

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. P. Smith
Festus Mo

M. D.

(Address)

