MAR 15 1937

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

Do not use this space.

1. PLACE OF DEATH
10 County Boone
3 Township
8 City Columbia (No. 7 St. Ward)

Registration District No. 73
Primary Registration District No. 3006

File No. 4997
Registered No. 59

2. FULL NAME James Robert Dailey

(a) Residence, No. 804 Highland St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-26-1874

7. AGE: Years 62 | Months 11 | Days 24 | If LESS than 1 day, ...hrs. or ....min.

64

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miller
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) Missouri

FATHER
13. NAME James Dailey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Margaret Callaghan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs Ada Dailey
(ADDRESS) Columbia, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE 2-22, 1937

19. UNDERTAKER Parker Furniture Co
(ADDRESS) Columbia, Mo.

20. FILED 2/23/1937 Allie Selby Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 11, 1937 to Feb 20, 1937
I last saw him alive on Feb 20, 1937. Death is said to have occurred on the date stated above, at 3:45 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenzal pneumonia	
Other contributory causes of importance:	
Chronic myocarditis	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? yes

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) Robert H. Simpson, M. D.
(Address) Columbia, Mo.

MARGIN RESERVED FOR BINDING

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.

V. S. No. 2
10-22-36
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