FEB 17 1937

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

Do not use this space.

6304

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township K A W — Primary Registration District No. 1602 — Registered No.
City Kansas City (No. Robinson Sanitarium St. Ward)

2. FULL NAME Hamilton Carr BAILEY
(a) Residence, No. East Lynne Missouri 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): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ruth Phillips Bailey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mch 1892

7. AGE: approx 44 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.: Osteopath
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: Richard M Bailey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

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

17. INFORMANT (ADDRESS): Mrs Bailey, former wife, K.C.Mo.

18. BURIAL, CREMATION, ~~OR REMOVAL~~
PLACE: Cremation DATE: 2/8/37, 19

19. UNDERTAKER (ADDRESS): Mellody McGilley K.C.Mo.

20. FILED: 2/9 1937 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2/6/37, 19

22. I HEREBY CERTIFY: That I attended deceased from Hypoty Arms, 19, to, 19
I last saw h.... alive on 9 30 A, 19.... Death is said to have occurred on the date stated above, at 9 30 A m.
The principal cause of death and related causes of importance were as follows:
Massed wound of the neck

Date of onset

Other contributory causes of importance: 168

Name of operation: Autopsy 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 2/6/37
Where did injury occur? 2630 Paseo Kew (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury: Hospital Cut Own Throat
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature], M. D.
(Address) [signature]

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.