

APR 16 1937

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

Do not use this space.

1. PLACE OF DEATH

County Cape GirardeauRegistration District No. 125File No. 11456Township "Primary Registration District No. 3009Registered No. 102City Cape Girardeau(No. 1000 North Sprigg)St. "Ward "2. FULL NAME William Bailey(a) Residence, No. 1000 North Sprigg 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. da.

yrs.

mos.

da.

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

yrs.

mos.

da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Ollie Bailey</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 14, 1889</u>		
7. AGE YEARS <u>47</u>	MONTHS <u>6</u>	DAYS <u>14</u>
		If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Plumber</u>
	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) Baiden, Miss.
(STATE OR COUNTRY)13. NAME Aushorn Bailey14. BIRTHPLACE (CITY OR TOWN) Baiden, Miss.
(STATE OR COUNTRY)15. MAIDEN NAME Mary Ann Hern16. BIRTHPLACE (CITY OR TOWN) Dont Know
(STATE OR COUNTRY)17. INFORMANT Mrs. Ollie Bailey
(ADDRESS) Cape Girardeau, Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE Fairmount Cemt DATE March 30, 193719. UNDERTAKER Haman's Funeral Home
(ADDRESS) Cape Girardeau, Mo.20. FILED 3-28-37 J. M. Simpson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 28, 193722. I HEREBY CERTIFY, That I attended deceased from March 22, 1937 to March 28, 1937I last saw him alive on March 28, 1937 Death is saidto have occurred on the date stated above, at 2:45 Am.

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

Date of onset

Pneumonia, Lobar, Left Lung 3-21Other contributory causes of importance: 108Name of operation None Date of -What test confirmed diagnosis? None Was there an autopsy? No23. 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? No

If so, specify.....

(Signed) Frank W. Hall, M. D.(Address) Cape Girardeau, Mo.

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.

