Dr. Holmes

APR 21 1937

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

Do not use this space.

1. PLACE OF DEATH
County Knox — Registration District No. 445 — File No. 12367
Township Fabius — Primary Registration District No. 5605 — Registered No.
City [redacted] (No. , St.: Ward)

2. FULL NAME Stephen Arnold Douglas Bailiff

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

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: W.
5. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~ (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 15 1859

7. AGE: Years 77 | Months 5 | Days 4 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer.
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): Sept 1936.
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Clark Illinois

FATHER
13. NAME: Robert Bailiff
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown.

MOTHER
15. MAIDEN NAME: Theresa [redacted]
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois.

17. INFORMANT (ADDRESS): Mrs. Carrie Bailiff Knox City, Mo R.D.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Newark DATE 3-20 1937

19. UNDERTAKER: Irvin Ball
(ADDRESS)

20. FILED 3-20 1937 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 19 1937

22. I HEREBY CERTIFY, That I attended deceased from September, 1936 to March 18 1937, 19....
I last saw h... alive on March 18 1937. Death is said to have occurred on the date stated above, at 12:30 P.M.
The principal cause of death and related causes of importance were as follows:

Uremia — Date of onset Mar 12 1937

Other contributory causes of importance: Cardiovascular-renal disease

Name of operation: [redacted] Date of: [redacted]
What test confirmed diagnosis? [redacted] Was there an autopsy? [redacted]

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? [redacted] Date of injury ....., 19.....
Where did injury occur? [redacted]
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury [redacted]
Nature of injury [redacted]

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) E. O. Holmes, M. D.
(Address) Newark Mo.

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.