

APR 26 1937

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

Do not use this space.

13092

1. PLACE OF DEATH
 County Randolph Registration District No. 129
 Township Primary Registration District No. 4434
 City Cairo (No.) St. Ward

2. FULL NAME E. May Bailey
 (a) Residence, No. Cairo St. Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 23-1888

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>49</u>		<u>8</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer

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) 2 yrs. ago 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph Mo.

13. NAME E. M. Bailey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Elizabeth Harding

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Thurman Bailey Son
(ADDRESS) Cairo Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Grand Prairie DATE April 1, 1937

19. UNDERTAKER Shaw Funeral Home
(ADDRESS) Moody Mo.

20. FILED Apr 8 1937 W. J. Miller
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 27, 1937, to Mar 30, 1937
 I last saw him alive on Mar 30, 1937. Death is said to have occurred on the date stated above, at 10:00 m.
 The principal cause of death and related causes of importance were as follows:
Laryngeal Tuberculosis Date of onset

Other contributory causes of importance:
widow on wife who died 3 yrs ago of Pulmonary Tuberculosis

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 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? Yes
 If so, specify
 (Signed) W. J. Miller, M. D.
 (Address) Cairo, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

