

MAY 21 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County HowellTownship Howell

City

(No.

Registration District No. 384Primary Registration District No. 5535

File No.

16536

Registered No.

St.

Ward)

2. FULL NAME John Wesley Bailey

(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 50 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

Aslee Bailey

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

Nov. 12, 1866

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

70

4

6

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)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN) Calloway County, Ky
(STATE OR COUNTRY)

FATHER

13. NAME William Bailey14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Kentucky

MOTHER

15. MAIDEN NAME Emily Crabtree16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Kentucky

17. INFORMANT Aslee Bailey
(ADDRESS) West Plains, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE HomelandDATE March 20 19 3719. UNDERTAKER Robertsons' Mortuary
(ADDRESS) West Plains, Mo.20. FILED 3-20 1937 Vida W. SIMONS
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 18 19 3722. I HEREBY CERTIFY, That I attended deceased from
Nov. 5 19 36 to March 15 19 37I last saw him alive on March 1st 19 37 Death is said

to have occurred on the date stated above, at.....m.

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

Pulmonary tuberculosis

Date of onset

Other contributory causes of importance:

Name of operation None Date of.....What test confirmed diagnosis? Symptoms Was there an autopsy? No

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? no

If so, specify.....

(Signed) W. H. Sparks(Address) West Plains, Mo.

M. D.

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.

