

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

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

M-71111
Do not use this space.

17216

1. PLACE OF DEATH

County Pettis

Registration District No. 118

Township

Primary Registration District No. 3292

City Sedalia

(No. 1411 So. Grand)

File No. 119

Registered No. 668

St.

Ward

2. FULL NAME

Mary Susan Bailey

(a) Residence, No. 1411 So. Grand

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

MEDICAL CERTIFICATE OF DEATH

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

George Bailey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 25, 1874

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

62

6

18

day, hrs.
or min.

OCCUPATION

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

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)

Mo.

FATHER

13. NAME

D.T. Henderson

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

Mo.

MOTHER

15. MAIDEN NAME

Martha Hill

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

Mo.

17. INFORMANT
(ADDRESS)

George Bailey
Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mem. Park

DATE April 14, 1937

19. UNDERTAKER
(ADDRESS)

Gillespie Funeral Home
Sedalia, Mo.

20. FILED

4-14-1937

Jean Slack
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 13/37

22. I HEREBY CERTIFY, That I attended deceased from

Feb. 9

1937

to April 13

1937

I last saw her alive on April 12, 1937. Death is said

to have occurred on the date stated above, at 12:00 m.

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

Septic Encephalitis

Date of onset
Feb. 9, 1937

Other contributory causes of importance:

Chronic nephritis

Name of operation

none

Date of

What test confirmed diagnosis

Chole

Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury

Where did injury occur? Home

(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)

Chas. H. King

M. D.

(Address)

Sedalia, Mo.

