

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.

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

Do not use this space.

MAY 31 1937

17342

1. PLACE OF DEATH

County Rally
Township Jasper
City (No.) (No.) St. Ward)

Registration District No. 912
Primary Registration District No. 596013

File No.
Registered No. 20

2. FULL NAME Unnamed Bailey

(a) Residence, No. None 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 DIVORCED (write the word) single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) unknown 19

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

22. I HEREBY CERTIFY, That I attended deceased at Birth 19Apr 21 -, 1937

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

I last saw h..... alive on Stillborn, 19..... Death is said to have occurred on the date stated above, at..... m.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hra. ormin.

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

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

unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rally Co Mo

Other contributory causes of importance:

13. NAME Carl Wesley Bailey

Name of operation..... Date of.....

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry, Rally Co Mo

What test confirmed diagnosis? high Was there an autopsy? no

15. MAIDEN NAME Lorene Fowler

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waydalia, Rally Co Mo

Where did injury occur?..... (Specify city or town, county, and State)

17. INFORMANT (ADDRESS) Carl Wesley Bailey, Waydalia Mo

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE Frenchville DATE Apr 22 1937

Manner of injury.....

Nature of injury.....

19. UNDERTAKER (ADDRESS) None

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify.....

20. FILED 4/23 1937 Carrie F. Utterback Registrar.

(Signed) John Brown, M. D.

(Address) Perry Mo

