AUG 20 1937

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

Do not use this space.

File No. 26933

Registered No. 23

1. PLACE OF DEATH

County Cass

Township Pleasant Hill

City Pleasant Hill, Mo (No. ..... St. ..... Ward)

Registration District No. 157

Primary Registration District No. 4091

2. FULL NAME Harriette E. Bailey

(a) Residence, No. ..... 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

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-1-1857

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	80	7	23	

OCCUPATION

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

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) 3/1/1931

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Utica, New York

FATHER

13. NAME Henry Deming

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris, France

MOTHER

15. MAIDEN NAME Margaret Lyons

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Albany, New York

17. INFORMANT (ADDRESS) Mr. Jess Parker Pleasant Hill, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pleasant Hill, Mo DATE July 25 '37

19. UNDERTAKER (ADDRESS) Allen H. Brownfield Pleasant Hill, Missouri

20. FILED July 25-1937 Martha M. Alexander

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1937, to July 23, 1937

I last saw h[illegible] alive on July 23, 1937. Death is said to have occurred on the date stated above, at 4:55 p.m.

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

Myocarditis — Date of onset June 15

Other contributory causes of importance:

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

What test confirmed diagnosis? None. 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) [signature] M. D.

(Address) Pleasant Hill 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.