

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

Do not use this space.

**1. PLACE OF DEATH**

County Burington  
Township  
City Lehullicoth (No. ....)

Registration District No. 528  
Primary Registration District No. 3026

File No. 38137  
Registered No. 140  
St. .... Ward)

**2. FULL NAME** Donald G 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July-8-1904

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
33 4 20

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cattle & mules

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) Grinnell Mo

13. NAME William Bailey

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

15. MAIDEN NAME Jessie A Russell

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

17. INFORMANT William Bailey (ADDRESS) Meadville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Meadville Mo DATE Oct. 27 1937

19. UNDERTAKER Jas Gordon (ADDRESS) Lehullicoth Mo

20. FILED Oct. 25 1937 Donald M. Howell Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 15 1937 to Oct 25 1937  
I last saw him alive on Oct 25 1937 Death is said to have occurred on the date stated above, at 10:20 A.M.

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

Emboliism to respiratory center

Other contributory causes of importance: 1150 Removing Fossils

Name of operation Fossilotomy Date of Oct 20  
What test confirmed diagnosis clinical Was there an autopsy? No

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

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify (Signed) A. Freeman M. D.  
(Address) Lehullicoth, Mo

