

REC'D MAR 22 1938

D. J. McLean

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

7717
Do not use this space.

1. PLACE OF DEATH

(a) County Penisoot Registration District No. 656
 (b) Township Holland Primary Registration District No. 624 Registered No. _____
 (c) City Holland (d) Street No. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Shirley Ann Bailey 400
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb, 8th, 1938

7. AGE YEARS MONTHS DAYS ✓ If LESS than 1 day, 30 hrs. or 30 min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. ---
 9. Industry or business in which work was done, as 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) Holland (STATE OR COUNTRY) Mo.

FATHER 13. NAME Fletcher Bailey 14. BIRTHPLACE (CITY OR TOWN) Holland (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Ocie Frazier 16. BIRTHPLACE (CITY OR TOWN) Dyer Station (STATE OR COUNTRY) TENN

17. INFORMANT Fletcher Bailey (ADDRESS) Holland, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Zion Cem DATE Feb 8th 1938

19. FUNERAL DIRECTOR German Undt Mo (ADDRESS) Steele, Mo.

20. FILED 3-8 1938 Tombauger Local Registrar. 599

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 8th 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 8 1938 to Feb 8 1938

I last saw him live on Feb 8 1938, 1938. Death is said to have occurred on the date stated above, at 4:00 p. m.

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

D.T.
Long tedious labor
dry birth
ruptured blood vessels
thrombosis of blood

Other contributory causes of importance 1600

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1938

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? _____

If so, specify D.C. McLean, M. D.

(Signed) D.C. McLean, M. D.

(Address) Holland

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

17717
Do not use this space.

1. PLACE OF DEATH

(a) County Peru Registration District No. 65-6
(b) Township Holland Primary Registration District No. 6781 Registered No. _____
(c) City _____ (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Shirley Ann Bailey

(a) Residence, No. _____ St. (Usual place of abode; if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX 17 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Mar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 8, 1938

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

22. I HEREBY CERTIFY, That I attended deceased from 19____ to _____, 19____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-9-75-

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

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

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) _____
11. Total time (years) spent in this occupation _____

30 minutes death of 30 hours as what my records shows

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

Other contributory causes of importance: prematurity - 16 1/2

FATHER 13. NAME _____

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

MOTHER 15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19____

19. FUNERAL DIRECTOR (ADDRESS) _____

20. FILED 3-8 1938 Tomburg Local Registrar.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
If so, specify _____ (Signed) D. C. McLeary, M. D.
(Address) Holland, Mo

SUPPLEMENTARY

CAUSE OF DEATH in _____ as it may be stated in the statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

S-7717