

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

Do not use this space.

REC'D APR 22 1938

1. PLACE OF DEATH

County St. Clair
 Township Post
 City Harper

Registration District No. 1037
 Primary Registration District No. 601B

File No. 11942
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

Venietta Violet Bailey 400

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 20, 1938</u>		
7. AGE YEARS <u>15 days -</u>	MONTHS <u>-</u>	DAYS <u>15</u>
8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <u>none</u>		11. Total time (years) spent in this occupation _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>none</u>		
10. Date deceased last worked at this occupation (month and year) _____		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Harper, Mo</u> <u>St. Clair Co</u>		
13. NAME <u>Dee Douglas Bailey</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hickory Co. Mo</u>		
15. MAIDEN NAME <u>Bretta Durrill</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sedalia</u>		
17. INFORMANT (ADDRESS) <u>father (D.D. Bailey)</u> <u>Harper Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Harper Mo</u> DATE <u>Apr 6</u> 19 <u>38</u>		
19. UNDERTAKER (ADDRESS) <u>None</u>		
20. FILED <u>49</u> 19 <u>38</u> <u>Miss W.F. Hudson</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 5 1938

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1938, to Apr. 5, 1938
 I last saw him alive on March 26th, 1938. Death is said to have occurred on the date stated above, at 12:30am.
 The principal cause of death and related causes of importance were as follows:
Spina Bifida
Increased intracranial pressure
 Date of onset present at birth

Other contributory causes of importance: 157-6-

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) Edwin F. Hoeffel M. D.
694 (Address) Heublein, 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.

