

REC'D MAY 9 1938

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

13681

Do not use this space.

1661

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Barney Primary Registration District No. 1002
(c) City Hannibal (d) Street No. General Hospital # 2 Registered No. 1661
(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. da.

2. PRINT FULL NAME

Blender Abernathy Bailey 400
(a) Residence, No. 1121 W. 40th St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 18 1910

7. AGE YEARS 28 MONTHS 3 DAYS 29 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Domestic
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 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fayetteville, Mo
Missouri

FATHER 13. NAME William L. Miller

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waverly
Hannibal

MOTHER 15. MAIDEN NAME Elizabeth Coving

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

17. INFORMANT (ADDRESS) Norris B. Bailey
1121 W. 40th St

18. BURIAL, CREMATION, OR REMOVAL PLACE Fayetteville, Mo DATE April 20 1938

19. FUNERAL DIRECTOR (ADDRESS) Wm. Appleton Jones, Inc.
11905 Pine St

20. FILED Apr 26 1938 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/17, 1938

22. I HEREBY CERTIFY, That I attended deceased from 4/12/1938 to 4/17/1938

I last saw him alive on 4/17/1938 Death is said

to have occurred on the date stated above, at 8 a.m.

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

Intestinal Obstruction
Adhesions

Other contributory causes of importance: 122 B

Name of operation Laparotomy Date of 4/15/38

What test confirmed diagnosis? Obv Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury _____, 19____

Where did injury occur? No
(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 No

(Signed) Eugene B. Perry, M. D.

(Address) 1714 Vine, K.C.Mo

WHITE PAPER, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

I X12004

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed *C. H. West* _____
Licensed Embalmer No. *2710*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)