

REC'D MAY 17 1938

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

Do not use this space.

1. PLACE OF DEATH

County BuchananRegistration District No. File No. 14049Township Primary Registration District No. Registered No. 410City St. Joseph(No. M. E. Methodist Hospital)Ward

2. FULL NAME

Charles Frederick Bailey(a) Residence, No. White Cloud - Kansas St. Ward. 400

(Usual place of abode)

White Cloud Kansas
(If nonresident, give city or town and State)Length of residence in city or town where death occurred yrs. mos. 6 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) Single5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-1-19357. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 7 98. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
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) 11. Total time (years) spent in this occupation 12. BIRTHPLACE (CITY OR TOWN) White Cloud (STATE OR COUNTRY) Kansas13. NAME William Bailey14. BIRTHPLACE (CITY OR TOWN) White Cloud (STATE OR COUNTRY) Kansas15. MAIDEN NAME Nellie March16. BIRTHPLACE (CITY OR TOWN) White Cloud (STATE OR COUNTRY) Kansas17. INFORMANT William Bailey (ADDRESS) White Cloud Kansas18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Branch, White Cloud, Mo. DATE 4/12, 193819. UNDERTAKER Barry White (ADDRESS) 218 South 5th Street20. FILED Apr 10, 1938 A. J. Matthews Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-10-193822. I HEREBY CERTIFY, That I attended deceased from 4-2-38 to 4-10-38I last saw him alive on 4-10-38. Death is said to have occurred on the date stated above, at 12:00 P.M.The principal cause of death and related causes of importance were as follows:
4-2-38 - meningitis following skull fracture due to kick by horse 155 -Other contributory causes of importance:
Pneumococci meningitisName of operation Elevating skull Date of 7-2-38What test confirmed diagnosis? Culture Was there an autopsy? Yes23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide acc Date of injury 4-2-38Where did injury occur? White Cloud Kansas (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place. HomeManner of injury Kick by horseNature of injury Skull fracture compound24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify (Signed) Paul Ingraham, M. D.(Address) St. Joseph, 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.

