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.

REC'D MAY 25 1938

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

Do not use this space.

1. PLACE OF DEATH
103 County Stoddard — Registration District No. 838 — File No. 16029
Township ~~Liberty~~ — Primary Registration District No. 4509 — Registered No.
City Dexter, Mo. (No. , St. Ward)

2. FULL NAME George Calvin Bailey
(a) Residence, No. 411 North Mulberry St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 15, 1861

7. AGE: 76 YEARS — MONTHS: 11 — DAYS: 2 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: farmer
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) (STATE OR COUNTRY): New Akens Ill.

FATHER
13. NAME: Calvin Bailey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill.

MOTHER
15. MAIDEN NAME: dont know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): dont know

17. INFORMANT (ADDRESS): Eugene Bailey, White Oak, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Rock Point Cem. DATE: Jan 18, 1938

19. UNDERTAKER (ADDRESS): Chiles Undertaking Co., Bloomfield, Mo.

20. FILED 5/10 1938 Margaret Boone Deputy Registrar. 7755

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 6, 1938, to Jan. 17, 1938
I last saw him alive on Jan. 16, 1938. Death is said to have occurred on the date stated above, at 12.30 A.M.
The principal cause of death and related causes of importance were as follows:

Pneumococcus Cerebral Meningitis

Other contributory causes of importance:

Bronchial Pneumonia

Date of onset

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) S. S. Davis, M. D.
(Address) Dexter, Mo.

FEB 25 1948