

REC'D AUG 22 1938

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

26189

## 1. PLACE OF DEATH

County PettisRegistration District No. 668Township SedaliaPrimary Registration District No. 3032City Sedalia(No. 1716 So. Missouri)File No. 239Registered No. 668St. Mo. Ward 1

## 2. FULL NAME

William E. Baley(a) Residence, No. 1716 So. MissouriSt. Mo. Ward 1

(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

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 OFEmma Baley

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

April 21, 1866

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, ..... hrs.  
or ..... min.72315

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.City St. Dept.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  
occupation12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Missouri

FATHER

## 13. NAME

W. E. Baley14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Va.

MOTHER

## 15. MAIDEN NAME

Maranda Jane Holland16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Missouri17. INFORMANT  
(ADDRESS)Mrs. Pearl HallSedalia, Mo.

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt. OlivetDATE Aug. 8, 193819. UNDERTAKER  
(ADDRESS)Gillespie Funeral HomeSedalia, Mo.

## 20. FILED

8-8-1938 Jean Slack

Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 6, 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from

5/11, 1936, to 8/6, 1938I last saw him alive on 8/6, 1938 Death is saidto have occurred on the date stated above, at 4:30 p.m.

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

Carcinoma BladderDate of onset  
1936

Other contributory causes of importance:

Locomotor ataxia1937Name of operation none

Date of

What test confirmed diagnosis? Lab. Was there an autopsy? Yes

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)

(Address)

J. W. Boger, M. D.  
Sedalia Mo

OCT 27 1948