

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

31837
 Do not use this space.

DEC'D OCT 19 1938

1. PLACE OF DEATH

(a) County Callaway Registration District No. 104
 (b) Township Fulton Primary Registration District No. 3008 Registered No. 233
 (c) City Fulton (d) Street No. State Hospital #1 St. _____
 (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. 7 mos. 12 ds. (f) How long in U.S., if of foreign birth? DK yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Walter Bailey St. Perry, Mo
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 22, 1877
 7. AGE YEARS 61 MONTHS 4 DAYS 4 If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Painted Decorator
 9. Industry or business in which work was done, as saw mill, bank, etc. DK
 10. Date deceased last worked at this occupation (month and year) DK 11. Total time (years) spent in this occupation DK

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 26th, 1938
 22. I HEREBY CERTIFY, That I attended deceased from July 7th, 1938 to Sept 26th, 1938
 I last saw him alive on Sept 25th, 1938 Death is said to have occurred on the date stated above at 7:00 A.M.
 The principal cause of death and related causes of importance were as follows:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England 4
 FATHER 13. NAME Henry Bailey 4
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England 4
 MOTHER 15. MAIDEN NAME Judith M. Hatch
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England
 17. INFORMANT (ADDRESS) George Bailey (Brother)
Perry, Mo.
 18. BURIAL, CREMATION OR REMOVAL PLACE PERRY, MO DATE 9/27
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) C. C. Wilkey
Perry, Missouri
 20. FILED Sept 26, 1938 R. N. Crewe
Local Registrar.

Pulmonary Tuberculosis
 23. Other contributory causes of importance:
Psychosis with Cerebral Arterio-sclerosis
 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? No
 If so, specify _____
 (Signed) George J. Wood M. D.
 (Address) State Hospital #1, Fulton, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 10 1952

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.