

REC'D DEC 16 1938

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

39295

Do not use this space.

1. PLACE OF DEATH

(a) County Henry Registration District No. 347
(b) Township Leesville Primary Registration District No. 5501A
(c) City Clinton (d) Street No. _____
(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. ds.

2. PRINT FULL NAME Mary L Bailey

(a) Residence, No. Clinton mo 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James W Bailey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-5-1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 5 14

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife

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 Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton Mo13. NAME Abraham Egan14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry Co Mo15. MAIDEN NAME Sarah C Putman16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry Co Mo17. INFORMANT (ADDRESS) Ray Bailey Clinton Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Parish Chapel DATE 11-21-3819. FUNERAL DIRECTOR (NAME) (ADDRESS) Fred C Wilkinson Clinton Mo20. FILED 11-28 1938 Dr J R Hampton Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov-19 1938

I HEREBY CERTIFY, That I attended deceased from For several years 1938 to Nov 19 1938

I last saw her live on Nov 19 1938 Death is said to have occurred on the date stated above, at 12 m.

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

Uremia Renal Chronic
Chronic Hypertension
sup with Chronic
Date of onset

Other contributory causes of importance:

Name of operation none Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? No

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 I W Wetherington M. D.
(Signed) 312 (Address) Columbia Mo

STATE OF MISSISSIPPI
DEPARTMENT OF HEALTH
DIVISION OF PUBLIC HEALTH

RECEIVED

District Health Officer No. 7,

District File Number 7-38-451

Date Filed 12-5-38

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, me

or by

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

Signed

Tred Wilkerson

Licensed Embalmer No. 2478

P. O. Address Clinton TN

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.