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.

DEC 26 JAN 24 1939

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

Do not use this space.

1. PLACE OF DEATH
70
County Montgomery 7
Township Bearcreek
City Bellflower 1 (No. ..... St. ..... Ward)

Registration District No. 5-89
Primary Registration District No. 5787a

File No. 43863
Registered No. 30

2. FULL NAME 401 Mary Catherine Bailey
(a) Residence, No. Bellflower St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5 4 1863.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	75	7	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret Housewife.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General duties.
10. Date deceased last worked at this occupation (month and year) OCT - 1938
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois. 1

FATHER
13. NAME R.R.Rankin.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

MOTHER
15. MAIDEN NAME Catherine Pendergast.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown. 9

17. INFORMANT (ADDRESS) Lee Bailey Bellflower Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellflower Mo. DATE Dec. 22 1938

19. UNDERTAKER (ADDRESS) Oland D Jones 2978 Bellflower Mo

20. FILED Dec. 21 1938 Mary Lou Pearce Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 20th 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 2, 1936, to Dec 20, 1938
I last saw h.e.r alive on Dec. 17, 1938. Death is said to have occurred on the date stated above, at 12-30 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia with Chronic Nephritis	11-26-38
Cerebral Hemorrhage with Chronic Myocarditis	11-26-38

Other contributory causes of importance:
Senility & Generalized Arteriosclerosis

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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) E. J. Anderson, M. D.
887 (Address) Montgomery City, Mo