WHITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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 JUN 13 1939

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

Do not use this space. 18555

1. PLACE OF DEATH
County Franklin — Registration District No. 295 — File No. 3
Township ~~Meramec~~ — Primary Registration District No. 4179 — Registered No. 35
City Sullivan (No. ..., ... St. ..... Ward)

2. FULL NAME 400 Mary Francis Bailey
(a) Residence, No. Sullivan, Mo. 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 9th. 1933
7. AGE: YEARS 5 — MONTHS 6 — DAYS 21 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
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) Sullivan, Mo. 0

FATHER
13. NAME Nelson E. Bailey 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sullivan, Mo. 0

MOTHER
15. MAIDEN NAME Mary Carey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sullivan, Mo.

17. INFORMANT (ADDRESS) Nelson E. Bailey Sullivan, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Sullivan, Mo. DATE June, 1st. 1939
19. UNDERTAKER (ADDRESS) J.T.Williams, Sullivan, Missouri,
20. FILED 5/31 1939 C A Kractor Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May, 30th. 1939
22. I HEREBY CERTIFY, That I attended deceased from May 5, 1939, to May 30, 1939.
I last saw her alive on May 30, 1939. Death is said to have occurred on the date stated above, at 12 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Severe Body Burn	5/2/39
Other contributory causes of importance:	
Nephritis	5/4/39

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Name of operation — 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? accident Date of injury 5/2, 1939
Where did injury occur? Franklin Co Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Body Burn
Nature of injury Home
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) W. H. Dunkmeier, M. D.
(Address) St. Louis Mo