

1939 AUG 11 1939

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

25882
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 408
(b) Township Easthaze Primary Registration District No. 3020 Registered No. 131
(c) City Easthaze (d) Street No. _____ 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. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Walter Bairbey
(a) Residence, No. 524 W. Central 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF C. B. Bairbey
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 16, 1862
7. AGE YEARS 77 MONTHS 5 DAYS 22 If LESS than 1 day, _____ hrs. or _____ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9, 1939
22. I HEREBY CERTIFY, That I attended deceased from May 26, 1936 to July 8, 1939
I last saw her alive on July 8, 1939 Death is said to have occurred on the date stated above, at 12:20 a.m.
The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
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 _____

Chronic myocarditis Date of onset 1935
Interstitial nephritis 1935
acute indigestion 7/8/39
Other contributory causes of importance: 121

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belfair, Iowa

13. NAME James Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Betha Cotton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) James Bairbey, Jasper City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Easthaze cemetery DATE July 11, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) George H. Wood, Easthaze, Mo.

20. FILED July 11, 1939 E. J. McEntire, M.D. Local Registrar.

Name of operation none Date of _____
What test confirmed diagnosis? physical 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? no
If so, specify _____
(Signed) George H. Wood, M. D.
865 (Address) Easthaze, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. E.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

49
5
2

RECEIVED

District Health Officer No. 6,

District File Number 839-15-98

Date Filed AUG 9 1939

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. 391

P. O. Address Conroy

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

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