

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

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

7192  
Do not use this space.

**FILED MAR 14 1940**

**1. PLACE OF DEATH**

(a) County Lewis Registration District No. 481  
 (b) Township Lewistown Primary Registration District No. 4290 Registered No. 3  
 (c) City Lewistown (d) Street No. \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
 (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** 1400 Alice Ann King Bailey

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

**PERSONAL AND STATISTICAL PARTICULARS**

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 **James Alfred Bailey**  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March. 6. 1855**  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
**84 10 25**

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 \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) **Whitehall.** (STATE OR COUNTRY) **Illinois**

13. NAME **William Wells King.**  
 14. BIRTHPLACE (CITY OR TOWN) **Whithall,** (STATE OR COUNTRY) **Illinois.**

15. MAIDEN NAME **Martha Benear**  
 16. BIRTHPLACE (CITY OR TOWN) **Whitehall** (STATE OR COUNTRY) **Illinois**

17. INFORMANT **T. F. Bailey** (ADDRESS) **Lewistown, Missouri**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Lewistown, Missouri** Feb. 3 1940

19. FUNERAL DIRECTOR **James A. Coder** (ADDRESS) **Lewistown, Missouri**

20. FILED **Feb. 2.** 19 **40** **James A. Coder** Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb 1,** 19**40**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 8** 19**40**, to **Feb 1** 19**40**  
 I last saw her alive on **Jan 31** 19**40** Death is said to have occurred on the date stated above, at **5:30 P.M.**

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

**Angina Pectoris**  
**94 W**  
 Date of onset **years**  
 Other contributory causes of importance:  
**Smoked Yarns Gallons a broken hip**

Name of operation **None** Date of \_\_\_\_\_  
 What test confirmed diagnosis? **None** 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) **Harry L. W. Bracken M.D.**  
 (Address) **Lewistown Mo. 3**

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.

RECEIVED

District Health Officer No. 10

District Case Number 3-46-664

Date Filed MAR. 13. 1940

STATEMENT BY LICENSED EMBALMER

I, James A. Coder, Licensed Embalmer No. 2639

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed James A. Coder  
Licensed Embalmer No. 2639

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.)