

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

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

8283

Do not use this space.

1. PLACE OF DEATH

(a) County Scott Registration District No. 816
(b) Township Chaffee, Mo. Primary Registration District No. 4492 Registered No. 6
(c) City Chaffee, Mo. (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

Fannie Bailey
(a) Residence, No. Chaffee, Mo. St. (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) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Bailey
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10, 1856
7. AGE YEARS 83 MONTHS 7 DAYS 23 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper
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) (STATE OR COUNTRY) Red Bud, Ill.

13. NAME Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Mrs. G. S. Sawyer, Chaffee, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Highway, Ill. Mo. DATE 2/4/40

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Bishop Mahaffey, Chaffee, Mo.

20. FILED 3 40 W. Down Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 3, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 29, 1940 to Feb. 3, 1940
I last saw her alive on Jan 30, 1940 Death is said to have occurred on the date stated above, at 8:45 A.M.

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

Cerebral Hemorrhage
Hemiplegia
Date of onset about Jan 25, 1940

Other contributory causes of importance:

Arteriosclerosis
Senility

Name of operation Chloroform 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? _____ 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) [Signature], M. D.
(Address) Chaffee, Mo.

STATE OF MICHIGAN
DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS

RECEIVED

District Health Officer No. _____
District File Number 340-696
Date Filed 3/7/40

DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS

STATE OF MICHIGAN
DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS
MEDICAL CERTIFICATE OF DEATH
I HEREBY CERTIFY THAT THE BODY OF _____
DIED AT _____
ON _____
AT _____
IN THE COUNTY OF _____
STATE OF MICHIGAN
ON _____
AT _____
IN THE COUNTY OF _____
STATE OF MICHIGAN
BY _____
M.D.

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. _____

P. O. Address _____

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.

RECEIVED
DISTRICT HEALTH OFFICER
MICHIGAN DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS