

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

Do not use this space.

7161 APR 4 1940

12628

1. PLACE OF DEATH

County Stoddard Registration District No. 840
Township New Lebanon Primary Registration District No. 6102
City Waverly, Mo. (No. 1) St. _____ Ward _____

File No. _____
Registered No. 12

2. FULL NAME

Thomas Green Bailey
(a) Residence, No. _____ St. 0 Ward _____

(Usual place of abode) (If nonresident, give city or town and State)
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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 10, 1940

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

22. I HEREBY CERTIFY That I attended deceased from March 10 - 1940 to March 10, 1940

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-16-1867

I last saw him alive on March 9, 1940. Death is said to have occurred on the date stated above, at 3 P. m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 72 10 24

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired preacher

Chronic Myocarditis Date of onset _____

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 _____

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Other contributory causes of importance: High Blood pressure

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Westbrook, Ind.

13. NAME B. J. Bailey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Elizabeth Town, Kentucky

15. MAIDEN NAME Jemima Holsten

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

17. INFORMANT Mrs. Laura Bailey (ADDRESS) Waverly, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fagan Cemetery DATE March 12, 1940

19. UNDERTAKER Watkins Funeral Home (ADDRESS) Waverly, Mo.

20. FILED 3-12, 1940 Delmond Dyer Registrar.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy?

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? If so, specify _____

(Signed) E. L. Edmund M. D.
898 (Address) Waverly, Mo.

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. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. I 20314

RECEIVED

District Health Officer No.

District File Number 440-84

Date Filed 4/3/40