

MAY 23 1940

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

15056

Do not use this space.

1. PLACE OF DEATH

(a) County Iron Registration District No. 391
(b) Township Aradua Primary Registration District No. 42305646a
(c) City (d) Street No. Home for Aged Baptist Registered No.
(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

(a) Residence, No. Mrs. Etta F. Bailey
The Home for Aged Baptist, Trenton, Mo. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wm A Bailey</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 21, 1848</u>		
7. AGE YEARS <u>91</u>	MONTHS <u>8</u>	DAYS <u>18</u>
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation <u>life</u>
	9. Industry or business in which work was done, as saw mill, bank, etc.	<u>House Wife</u>
	10. Date deceased last worked at this occupation (month and year) <u>do not know</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hartford, Connecticut</u>		
FATHER	13. NAME <u>Nathan L Hackey</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hartford, Connecticut</u>	
MOTHER	15. MAIDEN NAME <u>Maria Thresher</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Connecticut</u>	
17. INFORMANT (ADDRESS) <u>Mrs. H. Curney, Trenton, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Marionville Mo</u> DATE <u>4-12</u> , 19 <u>40</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>Wagon Drivers & Sons</u> <u>Trenton, Mo.</u>		
20. FILED <u>Apr-10</u> , 19 <u>40</u> <u>Julia C. Stanton</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 8th 1940
22. I HEREBY CERTIFY, that I attended deceased from April 2nd 1940 to April 8th 1940
I last saw her alive on April 6th 1940. Death is said to have occurred on the date stated above, at 7:30 a.m.
The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia

Date of onset

4/6/40

Other contributory causes of importance:

chronic myocarditis
Senility

?

Name of operation none 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? 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 P. E. Harland, M. D.
(Signed) P. E. Harland
(Address) Trenton, Mo.

STATEMENT BY LICENSED EMBALMER

I, Arnold J. White, Licensed Embalmer No. 3012

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

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Arnold J. White

Licensed Embalmer No. 3012

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.)