

193 JUN 15 1940

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

18268
Do not use this space.

1. PLACE OF DEATH

(a) County Crawford Registration District No. 232
(b) Township Courtois Primary Registration District No. 8316
(c) City or (d) Street No. _____ St.
(e) Length of residence in city or town where death occurred yrs. 8 mos. 24 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Raymond Leroy Bailey

(a) Residence, No. Crawford County 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

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 14, 1939
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
x 8 24

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) _____
11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Crawford County
(STATE OR COUNTRY) Missouri

13. NAME George Bailey

14. BIRTHPLACE (CITY OR TOWN) Bear Spring
(STATE OR COUNTRY) Tenn.

15. MAIDEN NAME Lydia J. Lance

16. BIRTHPLACE (CITY OR TOWN) Crawford County
(STATE OR COUNTRY) Missouri

17. INFORMANT George Bailey (Father)
(ADDRESS) _____

18. BURIAL, CREMATION OR REMOVAL PLACE Eaton Graveyard DATE April 8 1940

19. FUNERAL DIRECTOR (NAME) James K. Rothe
(ADDRESS) _____

20. FILED 5-26 1940 E. E. Felt
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 7 1940

22. I HEREBY CERTIFY, That I attended deceased from March 29 1940, to _____, 19____
I last saw h. im alive on March 29, 1940 Death is said to have occurred on the date stated above, at 10:45 AM
The principal cause of death and related causes of importance were as follows:

Influenzal pneumonia
(relapse)
Date of onset _____
Other contributory causes of importance: HW

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? _____ 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) William H. Bailey, D.O.
211 (Address) Steelville, Mo.

250

(Licensed Embalmer's Statement on Reverse Side)

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

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.

30A-5-19-38 I X18605

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.....

Not Embalmed

Registered Apprentice No.....

working under my personal supervision.

RECEIVED

District Health Officer No. 5,

District File Number 640 704

Date Filed 6/24/0

Signed *L. J. Jones*

Licensed Embalmer No. 2379

P. O. Address *Shelville, Mo*

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.