

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

25493
Do not use this space.

1. PLACE OF DEATH

(a) County Jefferson Registration District No. 421
 (b) Township Primary Registration District No. 4249 Registered No. 72
 (c) City Festus (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 45 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 409 James Henry Bailey

(a) Residence, No. Festus No. 0 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 (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Avis Ann Bailey (McMullen)
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug., 1., 1852
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 87 11 21
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Glass Worker
 9. Industry or business in which work was done, as saw mill, bank, etc. Glass Manufacturing
 10. Date deceased last worked at this occupation (month and year) 1938 11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Plattin Missouri

FATHER 13. NAME Leander Bailey
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Ella Maude Bailey (ADDRESS) Festus Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Festus No. DATE 7/25/40

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Duester-Vinyard 382 Festus No.

20. FILED 7-27 19 40 E. Rutledge Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22, 1940
 22. I HEREBY CERTIFY That I attended deceased from July 1, 1940 to July 22, 1940
 I last saw him alive on July 22, 1940 Death is said to have occurred on the date stated above, at 11:40 P.M.
 The principal cause of death and related causes of importance were as follows:

Cerebral apoplexy Date of onset July 1, 1940
 Other contributory causes of importance: 82 yr

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? no
 If so, specify
 (Signed) Clarence E. Crosby, D.O.
 (Address) 209 Main St. Festus, Mo.

WRITE PLAINLY, WITH UNF. DING 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.

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,

H. W. Wenzel

....., or by

Registered Apprentice No., working under my personal supervision.

Signed *H. W. Wenzel*

Licensed Embalmer No. *3010*

P. O. Address *Festus, 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.