FILED AUG 16 1940

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

2 1

Do not use this space.

25698

1. PLACE OF DEATH
County Varies 0 Registration District No. 541
Township Jefferson Primary Registration District No. 5 1 (2)
City (No. , St. Ward)
File No.
Registered No.

2. FULL NAME Edward E. Bailey 11 1
(a) Residence, No. Belle Mo St., 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

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	white	married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 19, 1869

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ..hrs. or ..min.
70	10	15	

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belle Mo. C

FATHER
13. NAME George Bailey G
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown G

MOTHER
15. MAIDEN NAME Elixabeth Dotson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Mrs. Dora Bailey
(ADDRESS) Belle, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Liberty Cem. DATE June 5, 1940

19. UNDERTAKER S. G. Licklider 4 17
(ADDRESS) Belle, Mo.

20. FILED Aug 16, 1940 Mrs Cesara Johnson, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4, 1940

22. I HEREBY CERTIFY, That I attended deceased from 4/28, 1940, to 6/3, 1940
I last saw h. alive on 6/3, 1940 Death is said to have occurred on the date stated above, at 4:30 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	3/1/40
21	

Other contributory causes of importance:

Chronic Myocardial degeneration	4/28/40

Name of operation 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) Dr. R. H. Schoenlaub
(Address) Bland, Mo.

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