

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

28374
Do not use this space.

SEP 19 1940

1. PLACE OF DEATH
 (a) County Dallas Registration District No. 244
 (b) Township Jasper Primary Registration District No. 5332
 or Blair
 (c) City Blair (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 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Margaret Gene Bailey
 (a) Residence, No. Dallas Co. Mo. Rental (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W. 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) May 9-1939
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 1 2 18
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 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) (STATE OR COUNTRY) Blair Mo. 0
 FATHER 13. NAME Arthur Bailey
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 0
 MOTHER 15. MAIDEN NAME Maggie Whipple
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 0
 17. INFORMANT Arthur Bailey (ADDRESS) Blair, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Blair Cem. DATE 7-28-40
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) F. B. Jones Buffalo Mo.
 20. FILED 9-10 19 40 Mrs C. E. Reed Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-27 19 40
 22. I HEREBY CERTIFY, That I attended deceased from July 26 1940, to July 27 1940
 I last saw her alive on July 27 1940. Death is said to have occurred on the date stated above, at 7 P. m.
 The principal cause of death and related causes of importance were as follows:
Cholera Infantum
 Date of onset 7-19-40
 Other contributory causes of importance: 119 W
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Usual 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? _____
 If so, specify _____ (Signed) C. E. Williams M. D. O.
155 (Address) Buffalo, Mo.

RECEIVED

District Health Officer No. 7,

District File Number

9-40-1313

Date Filed

9-12-40

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

....., Registered Apprentice No.

working under my personal supervision.

Signed

Clyde Montgomery

Licensed Embalmer No.

3592

P. O. Address.....

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.