

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

Do not use this space.

3880

FILED FEB 11 1942

1. PLACE OF DEATH

County StoneRegistration District No. 846Township Board GrantPrimary Registration District No. 6105City Crane(No. 1)St. Mo.Ward 1

2. FULL NAME

Laurana Josephine Bailey(a) Residence, No. Crane Mo.St. Mo.Ward 1

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 0 mos. 0 ds.How long in U. S., if of foreign birth? 0 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR

Married

USA. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF

(OR) WIFE OF

Wife of E. J. Bailey

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

Sept. 10 - 1864

7. AGE

YEARS

77

MONTHS

4

DAYS

16

If LESS than 1

day, hrs.or min.

OCCUPATION

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

housewife

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)

Columbus

(STATE OR COUNTRY)

Ill.

FATHER

13. NAME

Wm. Young

14. BIRTHPLACE (CITY OR TOWN)

Columbus

(STATE OR COUNTRY)

Ill.

MOTHER

15. MAIDEN NAME

Josephine Gibson

16. BIRTHPLACE (CITY OR TOWN)

Columbus

(STATE OR COUNTRY)

Ill.

17. INFORMANT

(ADDRESS)

E. J. Bailey

18. BURIAL, CREMATION, OR REMOVAL

BurialPLACE Crane, Mo.DATE Jan. 29, 1942

19. UNDERTAKER

(ADDRESS)

J. W. MaderCrane, Mo.

20. FILED

2-6

1942

George Manlove

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Jan 26, 1942

22. I HEREBY CERTIFY, That I attended deceased from

Nov - 1, 1941, to Jan 26, 1942I last saw her alive on Jan 26, 1942 Death is saidto have occurred on the date stated above, at L. P. m.

The principal cause of death and related causes of importance were as follows:

Spasmodic Pneumonia

Date of onset

Other contributory causes of importance:

Corn of Pericard2 yrsName of operation no

Date of

What test confirmed diagnosis?

Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury noWhere did injury occur? no (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)

Physician M. D.

(Address)

Crane Mo.

District Health Officer No. 6

District File Number 242-182

Date Filed FEB 10 1942