

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12380**

FILED APR 29 1947

Registration District No. **6**

Primary Registration District No. **3001**

Registrar's No. **9**

1. PLACE OF DEATH:

(a) County **ANDRAIN**
(b) City or town **VANDALIA**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **305 EAST OLIVE ST**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **305 3 WEEKS** years, months or days

3. (a) PRINT

FULL NAME **VIOLA RUTH BAILEY**

3. (b) If veteran, name war _____

3. (c) Social Security

No. **494-22-7356**

4. Sex **FEMALE** 5. Color or race **WHITE**

6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **AVANDER BAILEY**

6. (c) Age of husband or wife if alive **21** years

7. Birth date of deceased **FEB 1 1927**
(Month) (Day) (Year)

8. AGE: Years **20** Months **2** Days **17** If less than one day hr. _____ min. _____

9. Birthplace **ALTON ILLINOIS**
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSE WIFE**

11. Industry or business _____

12. Name **GROVER C. FIELDER**

13. Birthplace **NEBO ILLINOIS**
(City, town, or county) (State or foreign country)

14. Maiden name **SEWELL BETHEL**

15. Birthplace **MONTGOMERY CITY, MO.**
(City, town, or county) (State or foreign country)

16. (a) Informant **GROVER C. FIELDER**

(b) Address **VANDALIA, MO.**

17. (a) **BURIAL** (b) Date thereof **4-23-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **VANDALIA CEMETARY**

18. (a) Signature of funeral director **Glenn Smith**

(b) Address **Vandalia, Mo.**

19. (a) **April 22 1947** (b) **Mallico Fuqua**
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **WEST VIRGINIA** (b) County **WYOMING 999**
(c) City or town **MUKKEN WEST VIRGINIA 46**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **18**
year **1947** hour **10** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **April 18 1947** to **April 18 1947**
that I last saw her alive on **April 18 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

suicide
Due to **phosphorus poisoning (Rat poison)**

Due to _____

Other conditions (Include pregnancy within 3 months of death) **BP**

Major findings:

Of operations **16**

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **suicide**
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury **B**

23. Signature **St. H. Bland** (M. D. bracketed)
Address **Vandalia Mo** Date signed **4/22/47**

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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~~ and
Ernest D. Wilson, Registered Apprentice No. 490
working under my personal supervision.

Signed

James C. Muel
Licensed Embalmer No. 4152

P. O. Address

Bowling Green 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, fact should be so stated above.