

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

Do not use this space.

4763

1. PLACE OF DEATH

County Jerry

Registration District No. 357

Township

Primary Registration District No. 4/208

City Deepwater (No. _____)

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME

Margory Lee Bailey

(a) Residence, No. _____ 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

Female

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

S

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 1, 1929

AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
<u>March 1, 1929</u>	<u>9</u>	<u>6</u>	<u>6</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none
 (b) General nature of industry, business, or establishment in which employed (or employer) none
 (c) Name of employer none

9. BIRTHPLACE (CITY OR TOWN) Mo
 (STATE OR COUNTRY)

10. NAME OF FATHER William Bailey

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo
 (STATE OR COUNTRY) Cedar Mo

12. MAIDEN NAME OF MOTHER Olma Carson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Shell
 (STATE OR COUNTRY) Hickory

14. INFORMANT William Bailey

15. FILED 2/7, 1930 J. V. Fursell REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 6 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 6, 1930, to Feb 6, 1930 that I last saw her alive on Feb 6, 1930, and that death occurred, on the date stated above, at 3-6 P m.

THE CAUSE OF DEATH* IS AS FOLLOWS:

Gastritis of Stomach
1125 Jay St. Condition

CONTRIBUTORY (SECONDARY) lack of disinfection

18. WHERE WAS DISEASE CONTRACTED at Home
 IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
 (Signed) C. Howard, M. D.

2/6, 1930 (Address) Deepwater

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Deepwater DATE OF BURIAL 2/7 1930

20. UNDERTAKER Funeral Home ADDRESS Deepwater

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.

WHILE LIVING: WHAT OCCUPATION WAS HE OR SHE ENGAGED IN? WHAT OCCUPATION IS HE OR SHE ENGAGED IN?

MAR 25 1930

