

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

Do not use this space

5501

1. PLACE OF DEATH

County HENRY
Township Fairview
City Deerwater (No. _____)

Registration District No. 351
Primary Registration District No. 4205

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME HENRY S. 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

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 3 - 1847

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
85 6 18

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

2. BIRTHPLACE (CITY OR TOWN) Virginia. (STATE OR COUNTRY)

13. NAME Samuel Bailey

14. BIRTHPLACE (CITY OR TOWN) Virginia. (STATE OR COUNTRY)

15. MAIDEN NAME Alice Ewert

16. BIRTHPLACE (CITY OR TOWN) Virginia (STATE OR COUNTRY)

INFORMANT Sam Bailey (ADDRESS) Deerwater, Mo

BURIAL, CREMATION, OR REMOVAL

PLACE St. P. Cem. DATE Feb 24 1933

UNDERTAKER Dunning & Hunt (ADDRESS) Deerwater, Mo

FILED 3-10-33 1933 J. J. Curran Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-21, 1933

22. I HEREBY CERTIFY, That I attended deceased from on Jan 22, 1933, to _____, 19____

I last saw him alive on Jan 22, 1933 Death is said

to have occurred on the date stated above, at _____ m.

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

Acute Indigestion
Inferment of
food
Other contributory causes of importance: 11/2 11/2

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), also the following: Accident, suicide, or homicide? _____, 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) J. J. Curran M. D.

(Address) Deerwater

