

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

Do not use this space.

9301

1. PLACE OF DEATH

County Henry Registration District No. 347
 Township Clinton Primary Registration District No. 3018
 City Clinton (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 152

2. FULL NAME

Mary Elizabeth 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James Bailey</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>12-8-1888</u>		
7. AGE	YEARS <u>44</u>	MONTHS <u>3</u>
	DAYS <u>18</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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) (STATE OR COUNTRY) <u>Davis County Missouri</u>		
FATHER	13. NAME <u>Kenneth Johnson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
MOTHER	15. MAIDEN NAME <u>Nancy Freeman</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT (ADDRESS) <u>James Bailey Clinton, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Deepwater</u> DATE <u>3-17-33</u>		
19. UNDERTAKER (ADDRESS) <u>Lins Funeral Home Clinton, Mo.</u>		
20. FILED <u>3/16</u> 19 <u>33</u> <u>Ed. C. Peeler</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 14 1933

22. I HEREBY CERTIFY That I attended deceased from March 5 1933 to March 15 1933
 I last saw her alive on March 15 1933 Death is said to have occurred on the date stated above, at 3:30 P. M.
 The principal cause of death and related causes of importance were as follows:
Septicemia due to paracroupal infection Date of onset Mar 12/33
Post-partum hemorrhage due to retained placenta Mar 5/33
 Other contributory causes of importance:
1450
 Name of operation Cesarean, spontaneous Date of Mar 5/33
 What test confirmed diagnosis? no 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? no
 If so, specify _____
 (Signed) S. B. Hughes, M. D.
 (Address) Clinton, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

APR 21 1933

