

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

Do not use this space.

32854

1. PLACE OF DEATH

County HENRY
Township Deepwater
City Deepwater (No.)

Registration District No. 357
Primary Registration District No. 4208

File No.
Registered No. 19 St. Ward)

2. FULL NAME Bert 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 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) April 7 - 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 6 6

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

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) Missouri

13. NAME HENRY S. Bailey

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

15. MAIDEN NAME Hannah Fausset

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

17. INFORMANT (ADDRESS) Mrs. E. W. Stather, Bates City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Kopf Cem. DATE 10-21-33

19. UNDERTAKER (ADDRESS) Tom Street Deepwater Mo

20. FILED 10-19-33 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 12 1933

22. I HEREBY CERTIFY, That I attended deceased, from

....., 19..... to 19.....

I last saw him alive on Oct 13 1933, 19..... at this said

to have occurred on the date stated above, at Bates City Mo

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

Abuse by
Inquest held Oct 13 1933
and verdict of Abuse
as next of kin
Other contributory causes of importance:
He was dead in his bed Oct 12 1933
no doubt died Oct 12 1933

Name of occupation Unemployed Date of no
What test confirmed diagnosis? 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 no

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: no
Nature of injury: no

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) W. H. Jennings, Co. Clerk

(Address) W. H. Jennings, Co. Clerk

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.

NOV 10 1933

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