

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

Do not use this space: *42357*

PLACE OF DEATH

County *Vernon*
Township *Washington*
City *Neersted*

Registration District No. *875*
Primary Registration District No. *6162*

File No. *162.*
Registered No. _____
St. _____ Ward _____

2. FULL NAME *Siguel Thomas Bailey*

(a) Residence, No. *State Hospital #3* St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. *6* 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) *wid.*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Matilda Caroline (Cunchett) Bailey*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept. 9, 1851*

7. AGE YEARS *82* MONTHS *3* DAYS *2* If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *farming*
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) *Ky.*

13. NAME *J. Michel Bailey*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *not known*

15. MAIDEN NAME *Brice Hawkins*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *not known*

17. INFORMANT *Ma Artie Sanders* (ADDRESS) *Deep Water Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Deepwater* DATE *12/12* 19*33*

19. UNDERTAKER *Deep Water* (ADDRESS) *Mo.*

20. FILED *12/11* 19*33* *W. M. Munn* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec. 11, 1933*

22. I HEREBY CERTIFY, That I attended deceased from *Dec. 5, 1933* to *Dec. 11, 1933*

I last saw him alive on *11, 1933*. Death is said to have occurred on the date stated above, at *8:00* a. m.

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

Arteriosclerosis Date of onset *?*
930
97
Myocardial insufficiency *?*

Name of operation *none* Date of _____
What test confirmed diagnosis? *clinical* 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) *T. J. O'Neil* M. D.

(Address) *Merada, 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.

JAN 26 1934
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