

REC'D FEB 23 1939

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

2448

Do not use this space.

## 1. PLACE OF DEATH

(a) County Henry Registration District No. 347  
(b) Township Clinton Primary Registration District No. 3018 Registered No. \_\_\_\_\_  
(c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_  
(e) Length of residence in city or town where death occurred 5 yrs. 0 mos. 0 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

(a) Residence, No. 400 James L Bailey  
208 W Allen Clinton Mo  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-13-1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
52 8 16

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer  
9. Industry or business in which work was done, as saw mill, bank, etc. Careless of tongue  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_  
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) In Clear Co Mo

13. NAME Weyman Bailey

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

15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) John Bailey  
Windsor Mo

18. BURIAL, CREMATION, OR REMOVAL Burial DATE 12-31-1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Fred Wellman  
Clinton Mo

20. FILED 1-28 1939 Dr J B Hamilton  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-29-1938

22. I HEREBY CERTIFY That I attended deceased from Dec 28 1938 to Dec 28 1938  
I last saw him alive on Dec 28 1938 Death is said

to have occurred on the date stated above, at 5:00 PM

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

Careless of tongue Date of onset Mont Nov 1/25

Other contributory causes of importance:

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? chol 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 chol

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

If so, specify \_\_\_\_\_

(Signed) S B Hamilton, M. D.

(Address) Clinton Mo

RECEIVED

District Health Officer No.

District File Number 1-39-

Date Filed 2-7-31

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed

*Fred Wilkinson*

Licensed Embalmer No. 2498

P. O. Address Clinton, N.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**