

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

Do not use this space

Date Jan 5 1929

**1. PLACE OF DEATH**

County Vernon  
Township Center  
City Newton (Name)

Registration District No. 875  
Primary Registration District No. 3039

File No. 5192  
Registered No. 5  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. 401 E. Palmetto St., \_\_\_\_\_ Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U.S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 16 - 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
55

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Newada mo  
(STATE OR COUNTRY) Vernon Co

10. NAME OF FATHER Walter Bailey

11. BIRTHPLACE OF FATHER (CITY OR TOWN) N Y  
(STATE OR COUNTRY) D K T

12. MAIDEN NAME OF MOTHER South Branning

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) N Y  
(STATE OR COUNTRY) N Y

14. INFORMANT Ralph Shorter  
(Address) Newton mo

15. FILED 2-6-29 E. R. King REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 1 1929

17. I HEREBY CERTIFY That I attended deceased from 12 28 1928 to 11 11 1929  
that I last saw him/her alive on 11 11 1929, and that death occurred, on the date stated above, at 11 11 a

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Mitral Insufficiency  
92A  
93 D

CONTRIBUTORY Myocarditis  
(SECONDARY)  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED 9000  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

8 DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_  
(Signed) Wm. Galt, M. D.  
1-2, 1929 (Address) Newton mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Newton Cemetery DATE OF BURIAL 1/3 1929

20. UNDERTAKER Ferny Funeral Home Newton  
ADDRESS \_\_\_\_\_

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.

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