

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

Do not use this space.

Dr. W. W. Wessenden
9509

1. PLACE OF DEATH
 39 County Breene Registration District No. 318
 Township Springfield Mo. Primary Registration District No. 2001
 3 City Springfield Mo. St. Luke Hospital St. _____ Ward _____
 5 2. FULL NAME Hiram Duff Bailey
 (a) Residence, No. 490 S. Jefferson 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) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret Dailey
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 20 - 1854
 7. AGE YEARS 77 MONTHS 0 DAYS 21 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 171
 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) Winchester Ky.
 MOTHER / FATHER 13. NAME Hiram Dailey
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Va.
 15. MAIDEN NAME Sarah Purner
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Va.
 17. INFORMANT A. D. Dailey
 (ADDRESS) St. Louis Mo.
 18. BURIAL, CREATION, OR REMOVAL PLACE March 14 - 1931 DATE March 14 1931
 19. UNDERTAKER Chas. G. Meyer Funeral Home
 (ADDRESS) 534 St. Louis
 20. FILED 3-12 1931 Tom Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 11 - 1931
 22. I HEREBY CERTIFY, That I attended deceased from Mar 10 - 1931, to Mar 12 - 1931
 I last saw him alive on Mar 10 - 1931 Death is said to have occurred on the date stated above, at 8 P. m.
 The principal cause of death and related causes of importance were as follows:
 Date of onset _____
Heart failure following operation 122A 122B 11-31
 Other contributory causes of importance _____
Strangulated Hernia
 Name of operation Herniotomy Date of operation Mar 10-31
 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 _____ 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? _____
 If so, specify _____
 (Signed) W. W. Wessenden, M. D.
 (Address) Springfield Mo

MARGIN RESERVED FOR BINDING

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 23 1931

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