

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

Do not use this space.

14869

1. PLACE OF DEATH

County Macon Registration District No. 530
Township Castley Primary Registration District No. 5908
City (No.) St. Ward)

2. FULL NAME

(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 Female 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 Wife James Bailey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 7-1868

7. AGE	YEARS <u>63</u>	MONTHS <u>2</u>	DAYS <u>3</u>	IF LESS than 1 day, hrs. or min.
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8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Mo. Ind.

13. NAME Richard Jagle

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

15. MAIDEN NAME Nancy Bettie

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

17. INFORMANT Miranda Rayson
(ADDRESS) South Street

18. BURIAL, CREMATION, OR REMOVAL
PLACE Griff DATE April 27 1931

19. UNDERTAKER W. H. McPherson
(ADDRESS) South Street

20. FILED 4-29-31 Blanche Patrick
Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 25, 1931

22. I HEREBY CERTIFY, That I attended deceased from Apr 23, 1931, to April 25, 1931
I last saw her alive on Apr 24, 1931 Death is said to have occurred on the date stated above, at 9a m.
The principal cause of death and related causes of importance were as follows:
acute indigestion
Gall bladder infection
127B
118C
Other contributory causes of importance:
None

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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 Dr. W. H. Haselton M. D.
(Signed) E. L. Mearns
(Address) Missouri

WRITE CLEARLY, 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.

MAY 27 1931

