

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

Do not use this space.

22421

1. PLACE OF DEATH

35 County Dunklin Registration District No. 284
Township Treton Primary Registration District No. 5403
City Clariton (No. _____) St. _____ Ward _____

File No. _____
Registered No. 4

2. FULL NAME

Gester Odell Bailey

(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 18 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 Ruby Moore

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 28 - 1900

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
32 5 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) 7 - 9 - 32 11. Total time (years) spent in this occupation _____

BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Huntington Tenn

13. NAME S. T. Bailey

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

5. MAIDEN NAME Lela A. Williams

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

INFORMANT (ADDRESS) B. R. Grodny Clariton mo

BURIAL, CREMATION, OR REMOVAL PLACE Stonfield DATE 6-17 1932

UNDERTAKER (ADDRESS) W. B. Steinmetz Clariton mo

20. FILED 7-16 1932 B. Steinmetz Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-15, 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-14, 1932 to 7-15, 1932

I last saw him alive on 7-15, 1932. Death is said to have occurred on the date stated above, at 9:15 P m.

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

Tetanus

Date of onset 7-14

Other contributory causes of importance:

stab wound axillary line left side 2 inches below ribs - in fight.

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? homicide Date of injury 7-9, 1932

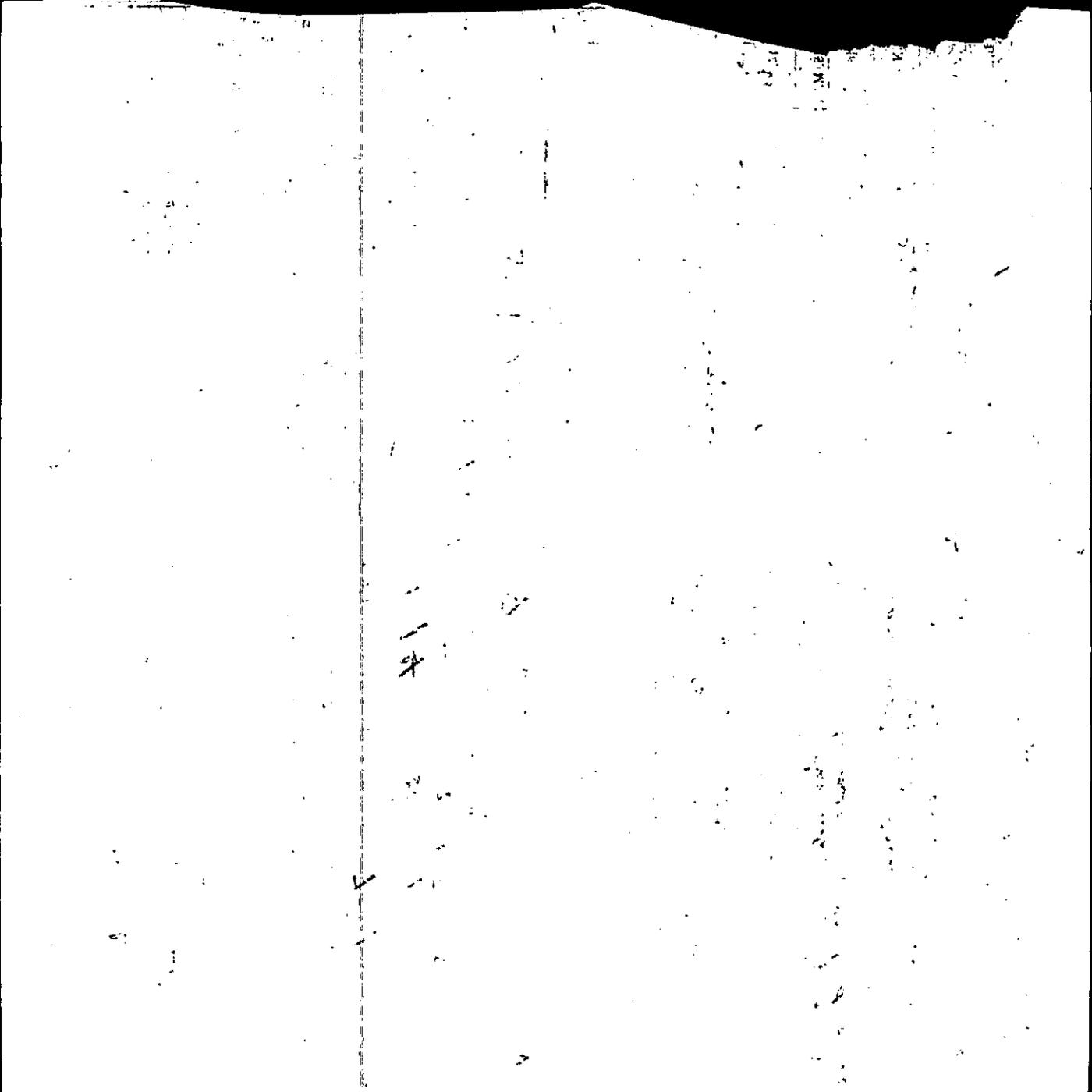
Where did injury occur? Seidon N. Madns Co. Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Beer selling place.

Manner of injury received during fight.
Nature of injury stab wound.

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) J. B. Steinmetz, M. D.
(Address) Clariton mo.



Secretary State Board of Health,
Jefferson City, Mo.

Dear Sir:

On the 15th. of this month we were called to Clarkton, Mo. to take care of the body of Lester O. Bailey. On the 16th. we took a death certificate to the office of Dr. Steinmets to have it completed and burial permit issued, and were informed by Dr. Steinmets that the certificate had been completed by himself and filed and burial permit issued.

When he handed the permit to the writer, we noticed that in the space for "Undertaker" he had written in the name of "Lents Embalming Co." and we ask that he correct this. He changed to the correct name on the ~~the~~ burial permit and told us that he would correct it on the certificate.

We then wrote your office for certified copy of the original certificate so that we could properly file our claim with the Veterans Administration for our pay, and find that Dr. Steinmets had failed to make the correction. Of course when we send this certificate to Washington, the Administration will ask why we are trying to collect for work done by the Lents Co., and there will be endless explaining to do.

We have just returned from Clarkton where Dr. Steinmets informs us that he is writing you in an effort to get this matter corrected, therefore we are returning the certificate that y sent to us and ask that when the matter is fixed correctly, you mail us a corrected copy so that we may be able to prop- file our claim.

Yours very truly,

Baldwin Undertaking Co.

Paul Salmon

MOTHER PAGE

17.

18.

19.

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.

RECORD WITH CONFIDENTIAL INFORMATION IS A PERMANENT RECORD

APR 3 1945

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