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

Do not use this space.

1937

File No. 36

Registered No.

Registration District No. 4 11

Primary Registration District No. 2 002

1. PLACE OF DEATH

County Jasper

Township Alabama

City Joplin (No. 1021 Joplin St. Ward)

2. FULL NAME Mrs Lizzie 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1 - 1846

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
86 Yrs	8	12	

OCCUPATION

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

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) Indiana

FATHER

13. NAME John Cruse

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

MOTHER

15. MAIDEN NAME Edu Davis

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

17. INFORMANT Family
(ADDRESS) Joplin Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fairview DATE 1 - 19 - 1933

19. UNDERTAKER Lucille H. Oh
(ADDRESS) Joplin Mo.

20. FILED 1/17 1933 Johnson Clark
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1930, 19..., to Jan 11, 1933
I last saw h. alive on Jan 11, 1933. Death is said to have occurred on the date stated above, at 1:30 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
97	

Other contributory causes of importance:

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

(Signed) H. J. Wright M.D.

(Address) Joplin Mo

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.