

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township St. Joseph Mo.

Primary Registration District No. 1001

City St. Joseph Mo. (No. 2932 Taram St.)

4831

File No. 227

Registered No. 227

2. FULL NAME

(a) Residence, No. 2932 Taram St.,

(Usual place of abode)

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 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) Single

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 7, 1929

7. AGE YEARS 3 MONTHS 4 DAYS 18 If LESS than 1 day,hrs. ormin.

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

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) St. Joseph Missouri

FATHER 13. NAME Allison D. Bailey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jarvis Missouri

MOTHER 15. MAIDEN NAME Margaret Rogers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Olden England

17. INFORMANT (ADDRESS) Allison D. Bailey 2932 Taram St

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olivet Cemetery DATE Feb 25 1933

19. UNDERTAKER (ADDRESS) H. O. Sidenbaders 1802 High Street

20. FILED 2-25-33 19 John A. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 23, 1933

22. I HEREBY CERTIFY That I attended deceased from Feb. 23, 1933 to Feb. 23, 1933

I last saw him 2 alive on Feb. 23, 1933. Death is said to have occurred on the date stated above, at 9 P. m.

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

Pneumo-pneum.
10:15
1:00 P
10:15

Date of onset Feb 20

Other contributory causes of importance: Enterocolitis Feb 20

Name of operation none Date of no

What test confirmed diagnosis? no test Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury no, 1933

Where did injury occur? no (Specify city or town, county, and State)

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

Manner of injury no

Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify no

(Signed) Frank C. Leggett, M. D.

(Address) Emporium Bldg.

