

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

Do not use this space.

25756

1. PLACE OF DEATH
 County Butler Registration District No. 39
 Township Peplos Staff Primary Registration District No. 3007
 City Peplos Staff (No. 2) St. Mo. Ward 150
 FULL NAME A. Q. Bailus
 (a) Residence, No. 2 St. Mo. Ward 150
 (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 Bell Bailus
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1872 Est
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 Est
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
 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) Don't know
 13. NAME Don't know
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know
 15. MAIDEN NAME Don't know
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know
 17. INFORMANT Louis Farnel
 (ADDRESS) _____
 18. BURIAL, CREMATION, OR REMOVAL PLACE Corning Ark DATE Aug 29, 1933
 19. UNDERTAKER Blocks, Mortuary
 (ADDRESS) Corning Ark
 20. FILED Aug 28, 1933 B. J. Clin
 Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-28-1933
 22. I HEREBY CERTIFY That I attended deceased from Aug 25, 1933 to Aug 28, 1933
 I last saw him alive on Aug 28, 1933 Death is said to have occurred on the date stated above, at 5:15 a.m.
 The principal cause of death and related causes of importance were as follows:
Concussion of Brain Date of onset _____
Accidental fall while cleaning windows
Aug 24, 1933
 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? Accident Date of injury Aug 23, 1933
 Where did injury occur? Corning Ark
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home or in public place.
Public place
 Manner of injury Fall from window
 Nature of injury Concussion of Brain
 24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) W. H. Farnel M. D.
 (Address) Peplos Staff 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.

SEP 26 1933

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V. S. NO. 2

