

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.

Dr. Harris
 JAN 26 1934
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 303

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

Do not use this space.

39550
 282

PLACE OF DEATH

County Cole Registration District No. 213
 Township Primary Registration District No. 3014
 City Jefferson (No., St. Ward)

File No.
 Registered No.

2. FULL NAME Mrs. Anna Lee 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edgar Bailey
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November--11-1877
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 1 11

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. II
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 210M 82A

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mason, Tenn

13. NAME Albert Holloway

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

15. MAIDEN NAME Katherine Jane Cothran

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

17. INFORMANT Mrs. Ruby Lewis
 (ADDRESS) Jefferson City, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Memphis, Tenn DATE Dec-23- 1933

19. UNDERTAKER Thos G Gordon
 (ADDRESS) Jefferson City, Mo.

20. FILED 301 1933 Dr. Bradford
 Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 22, 33, to Dec 23, 1933
 I last saw her alive on Dec 22, 1933 Death is said to have occurred on the date stated above, at 12:15 A.M. 12:15
 The principal cause of death and related causes of importance were as follows:

Leathur skull
Intercranial thrombophlebitis
skull
 Other contributory causes of importance: none
 Name of operation none Date of
 What test confirmed diagnosis skull Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide Accident Date of injury Dec 22, 1933
 Where did injury occur? Living room
 (Specify city, town, county, and State)
 Specify whether injury occurred in industry, in home; or in public place.

Manner of injury Auto accident
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify
 (Signed) R. P. D. ... M. D.
 (Address) Jefferson City, Mo.

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CAUTION - Every statement should be carefully classified. Exact statement of OCCUPATION is very important. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state

SEP 24 1962

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Cole Registration District No. 213 File No. 283
Township _____ Primary Registration District No. 3.014 Registered No. _____
City Jefferson (No. _____) St. _____ Ward _____

2. FULL NAME

Mrs Anna Lee Bailey
(a) Residence, No. _____ St. _____ Ward _____ (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX _____ 4. COLOR OR RACE _____ 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 11 - 1876

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>57</u>	<u>1</u>	<u>12</u>	

OCCUPATION

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

FATHER

13. NAME David Thomas Holway

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

MOTHER

15. MAIDEN NAME _____

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

INFORMANT (ADDRESS) _____

BURIAL, CREMATION, OR REMOVAL PLACE DATE _____

9. UNDERTAKER (ADDRESS) _____

20. FILED Jan 4, 1934 R. V. Bradford Registrar.

MEDICAL CERTIFICATE OF DEATH

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

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

Date of onset 2/10

Other contributory causes of importance: Wheel came off car & wrecked car.

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) _____, M. D.
(Address) _____

SUPPLEMENTARY

S-39550