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.

AUG 21 1934

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

Do not use this space.

24727

1. PLACE OF DEATH
County JACKSON — Registration District No. 855 — File No.
Township KAW — Primary Registration District No. [illegible] — Registered No. [illegible]
City KANSAS CITY (No. ST. LUKE'S HOSPITAL St. Ward)

2. FULL NAME HARRY H BAILEY
(a) Residence, No. 5737 - GRAND 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. 6 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): WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ MRS. MARY BAILEY

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUG - 12 - 1854

7. AGE: YEARS 79 — MONTHS 11 — DAYS 10 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NEW YORK

FATHER
13. NAME DANIEL C. BAILEY
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) CANADA

MOTHER
15. MAIDEN NAME SUSAN DALE
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NEW YORK

17. INFORMANT (ADDRESS) MR. FRANK E. BAILEY 5737 GRAND AVE.

18. BURIAL, CREMATION, OR REMOVAL
PLACE ORD, NEBRASKA DATE JULY 24 1934

19. UNDERTAKER (ADDRESS) D. W. NEWCOMER'S SONS KANSAS CITY, MISSOURI

20. FILED 7-23-1934 M. M. Grover Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JULY - 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 21, 1934, to July 22, 1934
I last saw him alive on July 22, 1934 Death is said to have occurred on the date stated above, at 11:15 P.m.
The principal cause of death and related causes of importance were as follows:

Cardio-vascular-renal disease

Date of onset

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? Yes

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? No
If so, specify
(Signed) Arthur L Osborn, M. D.
(Address) 1103 Grand K. C. No.

600 Professional Bldg
12:30 - 5:30